EXHIBIT DX2

TO DECLARATION OF
BENJAMIN W. HULSE IN SUPPORT
OF DEFENDANTS' MEMORANDUM IN
OPPOSITION TO PLAINTIFFS' MOTION
TO EXCLUDE TESTIMONY OF
THOMAS KUEHN, PH.D.

CASE 0:15-md-02666-JNE-DTS Doc. 920-2 Filed 10/03/17 Page 2 of 90

		Page 1
1	UNITED STATES DISTRICT COURT	
2	DISTRICT OF MINNESOTA	
3		
4	In Re:	
5	Bair Hugger Forced Air Warming	
6	Products Liability Litigation	
7		
8	This Document Relates To:	
9	All Actions MDL No. 15-2666 (JNE/FLM)	
10		
11		
12		
13	DEPOSITION OF THOMAS H. KUEHN	
14	VOLUME I, PAGES 1 - 351	
15	JULY 10, 2017	
16		
17		
18	(The following is the deposition of THOMAS	
19	H. KUEHN, taken pursuant to Notice of Taking	
20	Deposition, via videotape, at the offices of Ciresi	
21	Conlin L.L.P., 225 South 6th Street, Suite 4600,	
22	Minneapolis, Minnesota, commencing at approximately	
23	9:25 o'clock a.m., July 10, 2017.)	
24		
25		

	P 0		D 4
2 3 4 5 6 7 8 9 10	APPEARANCES: On Behalf of the Plaintiffs: Gabriel Assaad KENNEDY HODGES 4409 Montrose Boulevard, Suite 200 Houston, Texas 77006 Genevieve M. Zimmerman MESHBESHER & SPENCE, LTD. 1616 Park Avenue Minneapolis, Minnesota 55404 On Behalf of Defendants: Peter J. Goss and Vinita Banthia BLACKWELL BURKE P.A. 432 South Seventh Street, Suite 2500 Minneapolis, Minnesota 55415 ALSO PRESENT: Ronald M. Huber, Videographer Kansaa Nadeem, Summer Associate, Blackwell Burke	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	Page 4 15 Article in Journal of Solar Energy, Airborne Infection Control in Health Care Facilities, by Kuehn 292 WITNESS EXAMINATION BY PAGE Thomas H. Kuehn Mr. Assaad 5 Mr. Goss 328 Mr. Assaad 339 Mr. Goss 348
	Page 3		Page 5
1 2	I N D E X EXHIBITS DESCRIPTION PAGE MARKED	1 2	PROCEEDINGS (Witness sworn.)
3	Ex 1 Expert report of Thomas H.	3	THOMAS H. KUEHN
4	Kuehn 33	4	called as a witness, being first duly sworn,
5	2 Corrected Exhibit C to Kuehn expert report 33	5 6	was examined and testified as follows: ADVERSE EXAMINATION
7	3 Subpoena to Produce Documents,	7	BY MR. ASSAAD:
8	Information, or Objects, or to	8	Q. Good morning. Can you please state your
9 10	Permit Inspection of Premises in a Civil Action 37	9 10	name. A. Yes. My name is Thomas Howard Kuehn.
11	4 Kuehn invoices 49	11	Q. Do you go by Mr. Kuehn or Dr. Kuehn?
12	5 University of Minnesota website	12	A. Dr. Kuehn is just is fine.
13 14	download re ANSYS 71 6 ME 4054: Ethics in Design	13 14	Q. Okay. My name's Gabriel Assaad and I'm here with Genevieve Zimmerman, and we represent over 2,000
15	PowerPoints 106	15	plaintiffs in this multi-district litigation. Now
16	7 E-mail string, 3MBH01330587-92 159	16	before I begin I just want to go over a few
17 18	8 E-mail string, 3MBH00544754-5 164 9 E-mail string, 3MBH00132501-2 168	17 18	instructions. Have you ever had your deposition taken?
19	9 E-mail string, 3MBH00050932-3 170	19	A. I have.
20	11 E-mail with attachment,	20	Q. Approximately how many times?
21	3MBH00053467-72 183	21	A. Twice. O. Well I'm going to go through a couple of the
22 23	12 Kuehn invoices18713 HVAC Design Manual for Hospitals	22 23	Q. Well I'm going to go through a couple of the ground rules. I'm going to ask you numerous
24	and Clinics, Second Edition 253	24	questions. If you don't understand my question,
25	14 CFD image 267	25	please let me know. Fair?

	Page 6		Page 8
1	A. Yes.	1	Q. Okay. And during that
$\begin{array}{ c c }\hline 1\\ 2\end{array}$	Q. If you answer the question, I'll assume	1 2	During your time being an expert for the
3	I'll assume that understood the question. Fair?	3	plaintiff in that case, were any of your opinions
4	A. Yes.	4	limited by the court?
5	Q. Any time you want to take a break, please	5	A. It was so long ago, I really don't don't
6	let me know. I just ask that if you request a break,	6	remember.
7	let it be after you answer a pending question. Fair?	7	Q. Okay. Now you said you were an expert or
8	A. Okay.	8	you testified in another case.
9	Q. Also, with respect to any of your testimony	9	A. Yeah. The second case was with Rochester
10	today, I would not like you to guess. If you don't	10	Meat & Provision Company in Rochester, Minnesota.
11	know the answer, just say "I don't know." Fair?	11	They they are a provider of hamburger patties to
12	A. Yes.	12	restaurant chains. They had recently purchased and
13	Q. I don't think any side here wants any	13	installed a large spiral blast freezer to improve
14 15	guessing. Fair? A. Yes.	14 15	their productivity, their output. The blast freezer did not perform according to the specifications
16	Q. Okay. Now the two depositions that you took	16	supplied by the vendor, so Professor Ramsey and I and
17	previously, were they as an expert witness?	17	a graduate student were initially contacted to just
18	A. Yes, they were.	18	serve as consultants to see if we couldn't resolve the
19	Q. Okay. Can you please describe the two.	19	problems. We actually did measurements in their
20	A. The first one was a case involving a hotel	20	freezer, temperature of patty measurements versus
21	fire in International Falls, Minnesota. The power	21	time, freezer temperature, airflow measurements. They
22	company had cut power to the building, this was in	22	adjusted their production to the best they could, they
23	winter, so my expertise was requested to determine how	23	still could not meet production as specified in the
24	fast the building would cool off and how fast the	24	requirements, so it went into litigation and I was
25	water in the sprinkler-system pipes would freeze such	25	retained as an expert witness on behalf of Rochester
	Page 7		Page 9
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1	that the sprinkler system would be inoperable prior to	1	Meat.
2	the fire breaking out.	2	Meat. Q. For the defendant.
2 3	the fire breaking out. Q. And were you an expert for the plaintiff or	2 3	Meat. Q. For the defendant. A. For the plaintiff.
2 3 4	the fire breaking out. Q. And were you an expert for the plaintiff or the defendant?	2 3 4	Meat. Q. For the defendant. A. For the plaintiff. Q. For the plaintiff. Okay. And what was the
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Page 10 Page 12 I finish the question. And I will usually look up at A. That's correct. 1 you and wait for an answer. 2 2 Q. And as an expert you would agree that when 3 you look at a problem, you should be objective; 3 A. Okav. 4 Q. Do you have copies of any of the correct? 5 transcripts, deposition transcripts in your previous 5 A. That's correct. 6 cases where you acted as an expert? 6 Q. You're not here to be an advocate for 3M or 7 A. Again, this was also 25, 30 years ago. I --7 the plaintiffs; correct? I certainly do not have anything in my possession at 8 A. I'm just trying to deliver my expertise 9 and -- and be as accurate and honest as possible. present. Q. So --10 Q. To be objective and be impartial; correct? 10 A. That's correct. 11 And that would have been in the late '80s 11 12 for Rochester Meat? 12 Q. And you're aware that you're under oath; 13 A. Again, either late '80s or early '90s. 13 correct? 14 Q. Okay. Fair enough. 14 A. Yes. Besides those two cases in which you 15 15 Q. And that means that here today it's like testified either in a deposition or trial, were you being in trial; correct? 16 16 A. I -- I assume that's correct. ever retained by a law firm as a consulting expert? 17 17 A. Not that I can recall. Q. Okay. And you understand that your 18 18 testimony should be -- should be truthful. 19 Q. And so my understanding with respect to the 19 first case dealing with the pipes freezing, that dealt 20 20 A. Yes. 21 with mostly, you know, how fast a building would cool 21 Q. And objective. 22 down and how fast the pipes would get down to below 22 A. Yes. 23 freezing and freeze. 23 Q. And it's under the penalty of perjury if A. That's correct. It was really a heatyou're not truthful. Do you understand that? 24 24 25 transfer study. 25 A. Yes. Page 11 Page 13 Q. Okay. And that would be the same thing with Q. Now what's your current status at the 1 the Rochester Meat, it was more of a heat-transfer University of Minnesota? 2 2 3 A. I retired approximately one year ago, so I'm 3 problem. officially a professor emeritus. 4 A. Yes, that's correct. 4 Q. And you understand as a professor in an 5 Q. And nothing to do with fluid flow or 5 particle flow; correct? 6 academic institution, providing false data or false A. Nothing to do with particle flow, although 7 results would be considered fraudulent; correct? 7 there was fluid flow involved in the hamburger-8 MR. GOSS: Object to form. 9 freezing blast freezer. 9 A. That's certainly not according to the ethical standards I was -- I was raised to believe in. 10 Q. Fair enough. 10 Have you ever consulted for 3M before? Q. Okay. When you talk about ethical 11 11 A. No, I have not. standards, you're talking about engineering ethics? 12 12 Q. What about Arizant? 13 A. Yes. 13 A. No, I have not. 14 14 Q. And such, you know, providing false data or false results would be considered fraudulent; correct? 15 Q. Before this litigation were you aware of a 15 company called Arizant? MR. GOSS: Object to form. 16 16 A. I -- I would believe so. 17 A. Not that I recall, no. 17 18 Q. What about Augustine Medical, had you ever 18 Q. Okay. And sitting here today, you wouldn't 19 heard about Augustine Medical before this litigation? 19 put -- you would never commit -- strike that. 20 20 It's my understanding that you recently went A. No. over your report and checked all your calculations; 21 Q. Do you know who Scott Augustine is? 21 A. I did not before this litigation began. 22 22 correct? 23 23 A. That's correct. Q. Fair enough. So you've been retained as an expert in this Q. Okay. And you did that on Friday; correct? 24 24 A. One of the exhibits, not the entire report. 25 25 case; correct?

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Q. Okay. But you have checked your report for 1 1 accuracy; correct? 2 2

3 A. Yes.

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- Q. And being a pro -- professor emeritus, you would never -- you would never commit research fraud or put your name on a court document that you do not believe in; correct?
 - A. I would say that's correct.
- Q. And I assume when you checked all your work prior to -- in preparation of this deposition, that all your calculations made engineering sense; correct?
- A. They -- they certainly made engineering sense when I was developing them initially. Of course all engineering calculations are subject to some level of uncertainty in some of the values that are -- that are put in. But within engineering judgment, I believe they to be -- them to be correct.
 - Q. So are there some --

Are you sitting here today to say that some of the numbers that were used in your calculations you're uncertain about?

- A. I would say the precision of some of the numbers I -- I do not know very precisely.
 - Q. Can you elaborate on that a little bit?
 - A. I would say my definition of "precision"

Q. Did you obtain any other students or

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Page 17

- graduate students or anyone else to assist you with 3 your report?
 - A. No. This is entirely my own work.
 - Q. Okay. So no one assisted you at all.
- 6 A. That's correct.
 - Q. So when you --

8 Was there a -- a written agreement between you and Blackwell Burke or 3M with respect to the 10 scope of your work?

- A. I think it was primarily verbal.
- 12 Q. Okay. And do you know how 3M obtained your 13 information to contact you?
- 14 A. I do not know that.
- Q. Okay. Do you know who contacted you from 3M 15 or Blackwell Burke? 16
- A. Yes. It was a woman lawyer that --17 I can't remember her first name off the top 18 19 of my head.
 - Q. What was her last name?
- 21 A. The name escapes me. I'm sorry, I can't --
- 22 I can't come up with that at the moment.
- 23 O. Was it by e-mail or was it by telephone? 24
 - A. By phone contact.
 - Q. Okay. Are you still teaching classes at the

Page 15

University of Minnesota?

- A. Not regular classes. I'm still involved in 2 3 a summer short course.
- 4 Q. Is that the one this August?
 - A. Yes.
- 5 6 Q. Okay. With Professor -- with -- with Jim
- 7 Ho?

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- A. Yes.
- 9 Q. Okay. I take it you know Jim Ho personally.
- Q. Okay. And you've actually written papers 11 12 with him.
- 13 A. One paper.
- 14 Q. Okay. When was the last time you talked to 15 Jim Ho?

- A. I think that my last correspondence with him 16 was e-mail, probably sometime last fall. 17
- Q. So you have not discussed this case with Jim 18 19 Ho.
 - A. I have not.
 - Q. Okay. Have you discussed this case with
- 22 anyone outside Blackwell Burke or 3M? 23
 - A. I have not.
- Q. Now prior to conducting your work in this 24
- 25 case, did you prepare any protocols or methodologies

would be, for example, how many significant figures of

- a number you believe are absolutely correct, and in
- many cases an engineer needs to make a -- a judgment
- call in terms of how many significant digits are --5 are defensible and -- and how many are perhaps digging
- a little bit too keep into the details. 7 Q. Are any of the numbers that you have

8 measured or used -- strike that. 9 Now we're going to go through your report

today. If any time you realize that any of your calculations are wrong or your statements are wrong, can you please let me know?

A. I will let you know, yes.

- Q. Because right now this is my only chance to take your deposition in this case, and my goal is to find out what your opinions are. Do you understand that?
- Q. Okay. And if there is a mistake or you 19 realize there needs to be another correction, this is 20 21 the time to do it. You understand that?
 - A. Yes.
- 23 Q. Okay. You were retained back in February of this year by the defense in this case; correct? 24
 - A. That's correct.

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	Page 18		Page 20
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	with respect to how you're going to attack the issue? MR. GOSS: Object to form. A. Your your question was prior to my Q. Well let's back up. I'll that's a good objection. What was your What was the scope of your work in this case? A. The scope of my work was to address issues involving filtration and particle movement primarily. Q. Were those the only two issues? A. Also did some work with temperature measurements and velocity measurements. Q. Anything else? A. Those were the main main topic areas. Q. And what are the minor topic areas? A. Well there's there's aerosol science which which underlies its principles underlie particle motion and particle attachment/detachment, aerosol measurement technology instrumentation. Q. Anything else? A. Also computational fluid mechanics and and the particle motion predicted by computational fluid dynamics. Q. Did you do any type of computational fluid dynamics?	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	A. Yes. The the license agreement is different, but but yes, they are allowed to do that. Q. They're allowed to use its for commercial purposes? A. Yes. Q. And for research? A. Yes. Q. And that's a license with between the University of Minnesota and ANSYS? A. Or or Yes. Or the or the parent company of the software. Q. Well you understand that Fluent and CFX is owned by ANSYS. Do you understand that? A. I I Q. A-N-S-Y-S. A. If you say so. I'm not aware of the details. Q. When is the last time you used ANSYS? A. I have never used ANSYS personally. Q. When was the last time you performed a computational fluid dynamic using a supercomputer? A. Personally, it was probably 20 years ago. Q. Okay. So you agree with me that you're not
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	A. Not Q. Not in this case? A. Not associated with this case. Q. Okay. Have you ever done that in the past? A. I have. Q. And what program do you usually use? A. I started back in the '80s actually writing my own from from scratch, and more recently my students have used a program called Fluent or trying to think of the more current name CFX. Q. ANSYS? A. Not Q. CFX. A. CFX, yes. Q. Okay. And is that the academic version of Fluent and CFX? A. They're available through our Supercomputer Institute on campus, so I I I'm not sure of the actual Q. Okay. A designations. Q. Are students allowed to use that for commercial activities? A. Um Q. Do you know one way or the other?	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	up to date with respect to the current capabilities with respect to ANSYS, Fluent, or CFX; correct? A. I would not agree with that. I think I am aware of the capabilities, I've just not done that type of simulation work myself. Q. Okay. So you're aware of the the code that ANSYS uses with respect to CFX or Fluent? A. I'm aware of the basic fundamental code that began with Professor Patankar that then became Fluent, that then became CFX. Q. I understand that. But there are many versions that have occurred since 20 years ago. You understand that; correct? A. Yes, I understand that. Q. Okay. And you understand that the output is usually only as good as the code; correct? A. Well the the code itself and the user inputs, including boundary conditions. Q. But the code is very important. A. The code has been well validated, yes. Q. Okay. So it's the code that's validated; correct? A. Yes. Q. Okay. So when when an engineer such as yourself performs a CFD analysis and says it's

	Page 22		Page 24
1	validated, it means that the code is validated;	2	accurate for less-complex flows.
2	COTTECT?	3	Q. Okay. And so when an engineer such as
3	MR. GOSS: Object to form. A. I I would think that's what it would	· .	yourself that has used CFD analysis, when a code is
4		4	validated for a complex model, that means that less-
5	represent.	5	complex models could be used with the same CFD code
6	Q. As someone in your field, as a doctor in	6 7	and obtain accurate results; correct?
7 8	engineering that has done CFD, that is the term of art used. When you say this this this CFD analysis	-	A. Again, it depends on the user. If they're using the code accurately and if the boundary
9	is validated, you mean the code is validated; correct?	8	conditions are correct.
10	MR. GOSS: Same objection.	10	
11	MR. ASSAAD: Basis.	11	Q. Okay. I understand there's a boundary question and whether or not you've input the
12	MR. GOSS: Vague.	12	information correctly, but for the actual mathematical
13	Q. Do you understand my question?	13	results depend based on correct boundary
14	A. I would I would respond and say that	14	conditions, the computational analysis performed by
15	the the code itself has been validated, but not any	15	the CFD is validated;
16	·	16	MR. GOSS: Object
17	particular results derived from that. Q. But to validate a code	17	Q correct?
18	The code is used for very complex questions	18	MR. GOSS: Object to form.
19	or analysis; correct?	19	A. I would I would not say validated.
20	A. It it can be.	20	Q. You would not say validated?
21	Q. Okay. And if it's if it's validated for	21	A. No.
22	a very complex model, then it would be validated for	22	Q. What would you say?
23	less-complex models looking for the same type of	23	A. I would say it's most likely correct, but to
24	results; correct?	24	me validation means there's some other means of
25	A. It really depends what type of validation is	25	checking the results.
23	71. It really depends what type of varidation is	23	checking the results.
	Page 23		Page 25
1	performed and how that's done.	1	Q. Okay. Well that's different. That's
2	Q. Well what do you mean by that?	2	verification; correct?
3	A. Some type of evaluation are is	3	A. I I guess if we define that to be
4	corresponding or comparing results for fluid	4	verification, yes.
5	mechanics flow measurements, velocity measurements to	5	Q. Well you're the doctor in engineering. Do
6	experimental data, sometimes it's comparing one set of	6	you understand the difference between validation with
7	one type of code to another another type of	7	the CFD code and verification?
8	code. So there's there are numerical comparisons	8	A. I'm not sure I I
0			The Thirmore Screen
9	code to code and also comparisons with experiments.	9	Q. You've never heard
10	Q. For example, if a code has been validated	9 10	Q. You've never heardA know the difference.
10 11	Q. For example, if a code has been validated for jet-engine combustion, by comparing the CFD	10 11	Q. You've never heardA know the difference.Q. You've never heard those terms?
10 11 12	Q. For example, if a code has been validated for jet-engine combustion, by comparing the CFD results to experimental data, you would agree that	10 11 12	 Q. You've never heard A know the difference. Q. You've never heard those terms? A. I've heard the terms, but I'm not sure I
10 11 12 13	Q. For example, if a code has been validated for jet-engine combustion, by comparing the CFD results to experimental data, you would agree that that code now is validated for other types of jet-	10 11 12 13	 Q. You've never heard A know the difference. Q. You've never heard those terms? A. I've heard the terms, but I'm not sure I ever distinguished between the two.
10 11 12 13 14	Q. For example, if a code has been validated for jet-engine combustion, by comparing the CFD results to experimental data, you would agree that that code now is validated for other types of jet-engine combustion that are less complex than what the	10 11 12 13 14	 Q. You've never heard A know the difference. Q. You've never heard those terms? A. I've heard the terms, but I'm not sure I ever distinguished between the two. Q. What do you teach your students with respect
10 11 12 13 14 15	Q. For example, if a code has been validated for jet-engine combustion, by comparing the CFD results to experimental data, you would agree that that code now is validated for other types of jet-engine combustion that are less complex than what the validation scenario was provided.	10 11 12 13 14 15	 Q. You've never heard A know the difference. Q. You've never heard those terms? A. I've heard the terms, but I'm not sure I ever distinguished between the two. Q. What do you teach your students with respect to validation?
10 11 12 13 14 15 16	Q. For example, if a code has been validated for jet-engine combustion, by comparing the CFD results to experimental data, you would agree that that code now is validated for other types of jet-engine combustion that are less complex than what the validation scenario was provided. A. As long as the same code is used, the same	10 11 12 13 14 15 16	 Q. You've never heard A know the difference. Q. You've never heard those terms? A. I've heard the terms, but I'm not sure I ever distinguished between the two. Q. What do you teach your students with respect to validation? A. I really don't teach any any CFD in my
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10 11 12 13 14 15 16 17 18 19 20 21 22	Q. For example, if a code has been validated for jet-engine combustion, by comparing the CFD results to experimental data, you would agree that that code now is validated for other types of jet-engine combustion that are less complex than what the validation scenario was provided. A. As long as the same code is used, the same subroutines. There are also issues; for example, turbulent modeling and what parameters to put in there. Q. For turbulence, for flow, for combustion, if it's been validated experimentally, the code is validated for less-complex modeling; correct?	10 11 12 13 14 15 16 17 18 19 20 21 22	 Q. You've never heard A know the difference. Q. You've never heard those terms? A. I've heard the terms, but I'm not sure I ever distinguished between the two. Q. What do you teach your students with respect to validation? A. I really don't teach any any CFD in my course work. Q. Okay. Are you familiar with any other CFD programs besides ANSYS? A. I'm familiar with older ones I used to work with; for example, Fluent and and the Patankar original code.

	Page 26		Page 28
1		1	
1 2	A. I don't think I have.Q. Okay. Now with respect to the issues that	1 2	that you found? A. I did not, because I don't have a printer at
3	you were asked to address by the defense in this case,	3	home.
4	which is the filter particle movement with a	4	Q. Okay. Did you save any of them?
5	subcategory of aerosols, temperature increase,	5	A. Yes, I did.
6	velocity, and a little bit of computational fluid	6	Q. Okay. And you
7	analysis	7	And do you recall any of the articles that
8	Is that the word you used?	8	you saved?
9	A. I I believe that's the word I used.	9	A. One of them was an article by Dr. Tsai and
10	Q. Okay. Is there anything else that you were	10	Dr. Pui dealing with particle adhesion on surfaces.
11	asked to do in this case?	11	Another one was a study done by some researchers in
12	A. Not that I can recollect.	12	the Netherlands on particle removal from surfaces.
13	Q. Okay. Prior to doing any work, did you	13	Q. Anything else?
14	prepare any protocols or methodologies with respect to	14	A. Those are the two that come to mind.
15	your analysis of these issues?	15	Q. All the articles that you saved, are they
16	A. Prior to being retained, is that the	16	listed in your report under Exhibit E?
17	question?	17	A. They are I'm I'm
18	Q. No. After you had been retained but prior	18	They should be listed in the report
19	to doing any testing or formulating your opinions.	19	somewhere, whether which exhibit I I can't say.
20	A. Could you repeat question, please?	20	Q. Okay.
21	Q. Prior to formulating your opinions, did you	21	A. They may be in the main main body of the
22	prepare any type of protocol or analysis on how you	22	report, they may be in one of the exhibits, or maybe
23	would solve these issues?	23	both.
24	A. I did some literature review and also	24	Q. Did you do any literature search with
25	reviewed some material provided by counsel.	25	respect to Bair Hugger?
_			
	Page 27		Page 29
1	Page 27 O And you and also what?	1	Page 29 A I think I did just to get a a look
1 2	Q. And you and also what?	1 2	A. I think I did, just to get a a look
2	Q. And you and also what?A. Provided by counsel.	2	A. I think I did, just to get a a look look at the essentially the user's manual.
2 3	Q. And you and also what?A. Provided by counsel.Q. So you did a literature review review?	2 3	A. I think I did, just to get a a look look at the essentially the user's manual. Q. Did you look at anything else?
2 3 4	Q. And you and also what?A. Provided by counsel.Q. So you did a literature review review?A. Yes.	2 3 4	 A. I think I did, just to get a a look look at the essentially the user's manual. Q. Did you look at anything else? A. Regarding Bair Hugger, that that's all
2 3 4 5	Q. And you and also what?A. Provided by counsel.Q. So you did a literature review review?	2 3	 A. I think I did, just to get a a look look at the essentially the user's manual. Q. Did you look at anything else? A. Regarding Bair Hugger, that that's all I I was looking at.
2 3 4	 Q. And you and also what? A. Provided by counsel. Q. So you did a literature review review? A. Yes. Q. On your own? A. Yes. 	2 3 4 5	 A. I think I did, just to get a a look look at the essentially the user's manual. Q. Did you look at anything else? A. Regarding Bair Hugger, that that's all I I was looking at. Q. And the the three articles listed in
2 3 4 5 6	Q. And you and also what?A. Provided by counsel.Q. So you did a literature review review?A. Yes.Q. On your own?	2 3 4 5 6	 A. I think I did, just to get a a look look at the essentially the user's manual. Q. Did you look at anything else? A. Regarding Bair Hugger, that that's all I I was looking at.
2 3 4 5 6 7	 Q. And you and also what? A. Provided by counsel. Q. So you did a literature review review? A. Yes. Q. On your own? A. Yes. Q. Okay. And where did you do the literature 	2 3 4 5 6 7	 A. I think I did, just to get a a look look at the essentially the user's manual. Q. Did you look at anything else? A. Regarding Bair Hugger, that that's all I I was looking at. Q. And the the three articles listed in Exhibit E with respect to peer-reviewed literature
2 3 4 5 6 7 8	 Q. And you and also what? A. Provided by counsel. Q. So you did a literature review review? A. Yes. Q. On your own? A. Yes. Q. Okay. And where did you do the literature review? A. On my laptop. Q. Okay. Did you Google or did you go to some 	2 3 4 5 6 7 8	A. I think I did, just to get a a look look at the essentially the user's manual. Q. Did you look at anything else? A. Regarding Bair Hugger, that that's all I I was looking at. Q. And the the three articles listed in Exhibit E with respect to peer-reviewed literature regarding the Bair Hugger, that was provided to you by
2 3 4 5 6 7 8 9	 Q. And you and also what? A. Provided by counsel. Q. So you did a literature review review? A. Yes. Q. On your own? A. Yes. Q. Okay. And where did you do the literature review? A. On my laptop. 	2 3 4 5 6 7 8 9 10	A. I think I did, just to get a a look look at the essentially the user's manual. Q. Did you look at anything else? A. Regarding Bair Hugger, that that's all I I was looking at. Q. And the the three articles listed in Exhibit E with respect to peer-reviewed literature regarding the Bair Hugger, that was provided to you by counsel; correct?
2 3 4 5 6 7 8 9 10 11 12	 Q. And you and also what? A. Provided by counsel. Q. So you did a literature review review? A. Yes. Q. On your own? A. Yes. Q. Okay. And where did you do the literature review? A. On my laptop. Q. Okay. Did you Google or did you go to some sort of a A. I used used Google. 	2 3 4 5 6 7 8 9 10 11 12	A. I think I did, just to get a a look look at the essentially the user's manual. Q. Did you look at anything else? A. Regarding Bair Hugger, that that's all I I was looking at. Q. And the the three articles listed in Exhibit E with respect to peer-reviewed literature regarding the Bair Hugger, that was provided to you by counsel; correct? A. I would have to see what they are to respond to that. Q. The two Albrecht articles and the Reed
2 3 4 5 6 7 8 9 10 11 12 13	 Q. And you and also what? A. Provided by counsel. Q. So you did a literature review review? A. Yes. Q. On your own? A. Yes. Q. Okay. And where did you do the literature review? A. On my laptop. Q. Okay. Did you Google or did you go to some sort of a A. I used used Google. Q. Okay. And how long did you spend doing 	2 3 4 5 6 7 8 9 10 11 12 13	A. I think I did, just to get a a look look at the essentially the user's manual. Q. Did you look at anything else? A. Regarding Bair Hugger, that that's all I I was looking at. Q. And the the three articles listed in Exhibit E with respect to peer-reviewed literature regarding the Bair Hugger, that was provided to you by counsel; correct? A. I would have to see what they are to respond to that. Q. The two Albrecht articles and the Reed article.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. And you and also what? A. Provided by counsel. Q. So you did a literature review review? A. Yes. Q. On your own? A. Yes. Q. Okay. And where did you do the literature review? A. On my laptop. Q. Okay. Did you Google or did you go to some sort of a A. I used used Google. Q. Okay. And how long did you spend doing literature review? A. Probably not very long. Maybe maybe an hour or so.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. I think I did, just to get a a look look at the essentially the user's manual. Q. Did you look at anything else? A. Regarding Bair Hugger, that that's all I I was looking at. Q. And the the three articles listed in Exhibit E with respect to peer-reviewed literature regarding the Bair Hugger, that was provided to you by counsel; correct? A. I would have to see what they are to respond to that. Q. The two Albrecht articles and the Reed article. A. I believe they were all provided by counsel. Q. Okay. Any other documents or literature provided by counsel?
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	Page 30		Page 32
1	There was a study that attempted to	1	A. No, I do not.
2	correlate particle concentration versus biological	2	Q. Okay. Do you know if he was an A student, B
3	particle correlation.	3	student, C student?
4	Q. Is that the DeRue study?	4	A. I I cannot recall that.
5	A. That's not the first author I'm thinking of.	5	Q. Okay. Do you know who Gary Settles is?
6	Q. Stocks?	6	A. I do.
7 8	A. Stocks, yes.Q. Okay. When was that provided to you?	7 8	Q. Personally? A. I I know of him. I don't think I know
9	A. I think it was on Friday.	9	him personally.
10	Q. This Friday?	10	Q. Have you read his report?
11	A. (Nodding.)	11	A. I have not.
12	Q. Okay. Have you reviewed any of the expert	12	Q. Okay. Do you know who Michael Keen is?
13	reports, defense expert reports?	13	A. I do not.
14	A. I have.	14	Q. Okay. Have you read his report?
15	Q. Okay. Which ones?	15	A. I have not.
16	A. I'm sorry, you said defense expert reports.	16	Q. So do any of these names sound familiar with
17 18	Q. Yes.A. I have reviewed some of the plaintiffs'	17 18	respect to reports that you've seen: Abraham, Borak, Hannenberg, Ho, Hulford, Hughes, Keen, Lampotang,
19	reports.	19	Mont, Settles, Ulatowski or Wenzel? Have you seen any
20	Q. And I have a list in Exhibit E of what you	20	of any of their reports?
21	reviewed.	21	A. I have not seen any of those reports.
22	A. Yeah.	22	MR. ASSAAD: Okay. I'd like to mark your
23	Q. I'm talking about defense experts.	23	report as
24	A. Not that I can recall right right at the	24	THE REPORTER: Exhibit 1.
25	moment.	25	MR. ASSAAD: 1.
	Page 31		Page 33
1	Page 31 Q. Okay. Do you know who	1	Page 33 (Kuehn Exhibit 1 was marked for
2	Q. Okay. Do you know who Do you know Jim Ho is an expert in this	2	(Kuehn Exhibit 1 was marked for identification.)
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Page 36 Page 34 A. Okay. Yes, I agree this is an accurate Q. Okay. And you understand that I'm one of 1 1 the attorneys working on behalf of over 2,000 people 2 copy. 2 3 3 Q. For the record, Exhibit 1 and Exhibit 2 is who have filed lawsuits alleging that they have been an accurate copy of your report, Exhibits A, B, C, D harmed by the Bair Hugger. You understand that; 5 and E of your report; correct? For Exhibit 1; 5 correct? 6 6 A. I have heard that, yes. correct? 7 7 A. With Exhibit 2 being the corrected Exhibit Q. Okay. And --8 8 But you understand that; correct? C. 9 9 Q. And Exhibit 2 is a corrected version of A. Yes. Exhibit C that was provided to counsel on Friday, July 10 Q. Okay. And you understand that the 10 7th, 2017; correct? plaintiffs have a legal right to understand the full 11 11 12 A. I believe that's when it was provided. 12 scope of your opinions in this case. 13 Q. Okay. 13 A. I believe so, yes. 14 A. I do -- I do not know that. 14 Q. Okay. We also have the right to know all the methodologies as to how you reached your opinions. 15 Q. Well when did you correct your report? 15 Do you understand that? A. Friday. 16 16 Q. Okay. So it couldn't have been provided --A. Yes. 17 17 Q. Now in reading your report, my understanding provided to us earlier than Friday; correct? 18 18 is that your two main opinions are that the filter A. No. Right. 19 19 Q. Okay. And therefore I assume that you 20 20 that was selected for the Bair Hugger is appropriate 21 recently reviewed your entire report; correct? 21 and that the Bair Hugger does not disrupt the airflow A. I -- I did look through it, yes. 22 22 in the operating room; is that correct? 23 Q. Are there any other corrections, sitting 23 A. Those are two main opinions, yes. here today, that you'd want to inform me before we get Q. Okay. And now looking at your report, you 24 24 into your report? reviewed the -- the reports of Dan Koenigshofer, Said 25 25 Page 35 Page 37 A. No. Elghobashi, Michael Buck, Yadin David, William Jarvis 1 and Michael Stonnington; correct? Q. Okay. So you believe at this point in time 2 that the report reflects all the opinions you intend 3 A. That's correct. 4 to offer to the court and to the jury in this matter; 4 Q. And your rebuttal to those expert reports of 5 correct? 5 the plaintiffs' experts are contained from page nine 6 MR. GOSS: Object to form. to page 16; correct? 6 7 MR. ASSAAD: Basis. A. That's correct. 7 MR. GOSS: Well, I think he left it open 8 Q. And with respect to pages one through eight, 8 those were the issues that you were asked to address that he may address new information as it becomes 9 10 available to him, as all the experts have. 10 by the defendant that we talked about earlier; MR. ASSAAD: So what's your objection? correct? 11 11 MR. GOSS: Well, that you're closing the 12 12 A. Including the top of page nine, yes. door on him, and I think we intended to leave it open. 13 Q. Okay. Do you recall receiving a subpoena in 13 Q. Dr. Kuehn, would you agree with me that your 14 this case? 14 report contains all the opinions you intend to offer 15 15 A. Yes, I do. to the court and to the jury in this matter that Q. Okay. Did you produce all the documents 16 16 you're aware of at this time on the day of your requested in the subpoena to Blackwell Burke? 17 17 A. If I could take a look at the subpoena 18 deposition? 18 19 A. At this time of day, yes. 19 again, I could answer that. 20 Q. Okay. Sitting here today at this point in 20 (Kuehn Exhibit 3 was marked for 21 time, on July 10th, 2017 at 10:02 a.m., is there 21 identification.) 22 anything that you want to add to your report or delete 22 BY MR. ASSAAD: 23 from your report with respect to your opinions that 23 Q. Exhibit 3 is a subpoena issued on June 7th, you will give in this case? 2017 to Dr. Kuehn in this case. Do you recall 24 24 25 A. Not at this time. 25 receiving this subpoena?

	D 20		P 40
	Page 38		Page 40
1	A. Yes, I do.	1	counsel?
2	Q. Now before we get to the subpoena, did you	2 3	A. I did.
3 4	create any notes, handwritten notes in this case? A. I did.	4	Q. You produced your invoices; correct?A. Yes.
5	Q. Okay. Were they notes that you created	5	Q. Number one, "All documents reviewed by the
6	while you were formulating your opinions?	6	deponent in anticipation or in preparation for this
7	A. Yes.	7	deposition." Did you produce those to your counselor?
8	Q. Did you also create notes with regard	8	A. I did.
9	with respect to conversations you had with counsel?	9	Q. What documents were those?
10	A. Yes.	10	A. Those include the some of the papers I
11	Q. Okay. Are they on a separate notebook or on	11	found online that I mentioned before, the books I used
12	the same notebook?	12	as reference books, and also the the documents
13	A. Same notebook.	13	provided by by counsel.
14	Q. Okay. Do you have that notebook here with	14	Q. Okay. If you go to Exhibit E of Exhibit 1,
15	you today?	15	which is a list of the materials considered, is there
16	A. I do not, no.	16	anything on that list that you provided to that are
17	Q. Did you bring anything with you today?	17	responsive to item number one of Exhibit 3 that is not
18	A. I did not.	18	on this list?
19	Q. Why not?	19	A. Anything I provided that's not on the list,
20	A. My impression was that the opposing attorney	20	is that the question?
21	would provide all the documents necessary.	21	Q. Yes.
22	Q. Well if if you have an article that may	22	A. I think that covers everything.
23	support your opinion that you want to refer to,	23	Q. Okay. So you haven't reviewed anything
24	wouldn't it be helpful if you had it here today when	24	besides what's on this list in preparation for your
25	you're expressing all your opinions today?	25	deposition or anticipation of litigation.
	Page 39		Page 41
1	MR. GOSS: Object to form.	1	A. I don't believe so.
2	MR. GOSS: Object to form. A. If I had to dig down into the details and	2	A. I don't believe so.Q. Okay.
	MR. GOSS: Object to form. A. If I had to dig down into the details and and go back and look at where I obtained some of my		A. I don't believe so.Q. Okay.MR. GOSS: I think he said
2 3 4	MR. GOSS: Object to form. A. If I had to dig down into the details and and go back and look at where I obtained some of my information, that would be helpful.	2 3 4	 A. I don't believe so. Q. Okay. MR. GOSS: I think he said MR. ASSAAD: I'm going to get there in a
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		l	
	Page 42		Page 44
1	on Friday.	1	Q. Okay.
2	Q. Have you ever designed a filter?	2	A or or found in the literature or
3	A. I have not designed a filter from scratch,	3	other other materials provided to me.
4	no.	4	Q. So all the facts that you relied upon are
5	Q. Okay. Well when you say you haven't	5	contained in your report and in Exhibit E of
6	designed a filter from scratch, have you done any type	6	Exhibit 1.
7	of design of a filter?	7	A. That's correct.
8	A. Yes.	8	Q. Okay. There's nothing that Mr. Goss
9	Q. What?	9	You never asked Mr. Goss a question with
10	A. I helped design a device that would behave	10	respect to a certain issue that you relied upon.
11	as a filter but is not using normal fibrous media, but	11	A. Not without getting some other documentation
12	the output would be the same or very similar to a fibrous-media filter.	12 13	that would satisfy my question.
13 14		14	Q. Such as? Did you get a question of Mr. Coss and he
15	Q. What was that, a synthetic media?	15	Did you ask a question of Mr. Goss and he provided you information through a document?
16	A. It was actually using three parallel-stage impactors that could be put into an ASHRAE 52.2 test	16	A. I asked about how a typical Bair Hugger
17	facility such that it could be replicated very	17	setup would would be used in a or how it would
18	precisely, used in different laboratories to help	18	be set up in an operating room, and I was provided
19	inter interlaboratory test results to assume they	19	photographs of how how the Bair Hugger would be set
20	were more uniform to make them more uniform.	20	up in a typical patient.
21	Q. You need to speak up a bit for the camera	21	Q. So he provided you photographs.
22	though.	22	A. Yes.
23	A. Okay.	23	Q. Okay. Where are those photographs? Are
24	Q. Because I'm having trouble hearing you,	24	they listed in Exhibit E?
25	SO	25	A. No, they're not.
—			
	D 42		D 45
	Page 43		Page 45
1	A. Okay.	1	Q. Okay. Did you produce them back to Doc
2	A. Okay.Q. Is that the only time you've ever designed a	2	Q. Okay. Did you produce them back to Doc Mr. Goss in response to your exhibit or in response
2 3	A. Okay. Q. Is that the only time you've ever designed a filter-type like device?	2 3	Q. Okay. Did you produce them back to Doc Mr. Goss in response to your exhibit or in response to the subpoena, Exhibit 3?
2 3 4	A. Okay.Q. Is that the only time you've ever designed a filter-type like device?A. That's my recollection, yes.	2 3 4	Q. Okay. Did you produce them back to Doc Mr. Goss in response to your exhibit or in response to the subpoena, Exhibit 3? A. They were provided me on Friday.
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Page 48 Page 46 That call was made when I was out of the country. materials which the deponent considers authoritative 1 1 Q. Did you rely on those notes to prepare with regard to the deponent's opinions in this case," 2 2 3 3 your -- your report? would that be in Exhibit E of your report? 4 A. I -- I did the background work in the -- in 4 A. I'm -- I'm sorry, I'm trying to follow 5 the notes and then used those to prepare the report, 5 where -- where you are. 6 6 Q. Number seven. 7 7 A. On which --Q. Okay. Now your report is -- your report is only 16 pages; correct? 8 8 Q. Page four of Exhibit 3, number seven. I'm A. Well I should say the report and exhibits. going down the list. Q. Okay. And you have 30 pages of notes at 10 10 A. Okay, number seven. I provided everything that I used in preparing my -- my report, yes. 11 least. 11 Q. And you consider all those items 12 A. That's my approximation. 12 13 Q. Was it on an engineering notebook pad or was 13 authoritative. 14 it a regular like legal pad? 14 A. Yes. A. It's on a bound engineering notebook. Q. Do you consider the ASHRAE manuals and --15 15 Q. Okay. Did you make any marks on any of the and papers authoritative? 16 16 documents you reviewed in Exhibit E of Exhibit 1? A. As engineering best practice, yes. 17 17 A. Some of the documents provided by counsel I Q. So you consider it authoritative. 18 18 A. Yes. 19 19 did. 20 Q. Okay. Did you provide those to your 20 Q. Number 10 states, "An itemized list of time, 21 counsel? 21 charges, and expenses for services or opinions 22 A. I did. 22 rendered in this case, including an itemization for 23 Q. Okay. By the way, are you being represented 23 said services performed by any person employed by the by Blackwell Burke today? deponent in this case." Did you produce all those to 24 24 25 A. My understanding is I'm here serving as an 25 your -- to counsel? Page 47 Page 49 expert witness on the case and not -- not being A. As of early June I did, yes. 1 personally represented. 2 2 Q. Okay. Q. Okay. So now we know you have notes on --3 A. Not since then. 3 with respect to the item number four of Exhibit 3. 4 (Kuehn Exhibit 4 was marked for There's notes -- there's handwritten notes on 5 5 identification.) documents that you reviewed that you provided to 6 BY MR. ASSAAD: 7 7 counsel; correct? Q. Exhibit 4 I represent are three invoices 8 A. That's correct. 8 provided to the plaintiffs in response to our subpoena Q. With respect to item number five, do you 9 to you. Do you recognize these three pages? have any documents responsive to number five? 10 A. Yes, I do. 10 A. You're referring back to the subpoena? Q. You guess you do? 11 11 A. Yes, I do. 12 Q. Yes. 12 A. The -- the two papers I referred to earlier Q. Oh, yes, you do. I'm sorry. I thought you 13 13 by Tsai and the -- the Dutch researchers, I have an 14 said "I guess I do." 14 electronic form on my computer. I do not recall if I 15 Okay. Are you aware that out of all the 15 have provided copies to counsel of those. documents that we have been talk -- discussing, that 16 16 Q. With respect to six and seven, "A list of these are the only three pages provided by your 17 17 all books" -- well strike that. counsel in response to the subpoena to plaintiffs? 18 18 19 With respect to item six of Exhibit 3, "A 19 A. I have no idea of that. list of all books, treatises, and arti -- articles 20 Q. Okay. All right. You mentioned you spent 20 21 authored or co-authored by the deponent," that would 21 an hour doing independent research. Where is that on be in your CV; correct? any of these invoices that you did in the beginning of 22 22 23 A. That's correct. 23 the case? Q. Okay. With respect to number seven, "A list 24 24 A. I think I submitted an invoice for the month of all books, treatises, articles, publications, or 25 25 of March, which is not included in here, which may

	Page 50		Page 52
1	have in included that. Or perhaps when I'm saying	1	A. Yes.
2	"Continue work on expert report," that may have	2	Q. You haven't read any other reports in
3	included some some online searching for	3	preparation for this deposition; correct?
4	documents	4	A. Yes. I
5	Q. Okay.	5	Well no no defense reports.
6	A in the in the April invoice.	6	Q. You reviewed some of the plaintiffs'
7	Q. So these are not all the invoices you you	7	reports?
8	have created in this case.	8	A. Yes.
9	A. I recall submitting one for the month of	9	Q. Whose?
10	March, which I do not see here.	10	A. Koenigshofer's, I don't remember when I did
11	Q. Do you remember how many hours that was?	11	that, Buck, Elghobashi. Those are the main three.
12	A. I do not remember off the top of my head.	12	Also reviewed a few others.
13	Q. Okay. And the last invoice you have is	13	MR. GOSS: Are you asking just in July?
14	invoice date of July 12th for the month of June;	14	MR. ASSAAD: In preparation for today's
15	correct?	15	deposition.
16	A. I think that may be a an incorrect date.	16	A. I think there's a total of maybe six or
17	That may have been June 12th	17 18	seven I looked at altogether. Q. Do you know Dr. Elghobashi?
18 19	Q. Okay. A instead of	19	A. I've heard of him. I do not know him.
20	Yeah. If you look up in the first line it	20	Q. Okay. Have you ever heard of the Elghobashi
21	says 6/1/2017.	21	Map?
22	Q. Okay. Have you provided any other invoices	22	A. I have not heard of that.
23	since then?	23	Q. Okay. Do you know what coupling is with
24	A. I have not.	24	respect to particle movement?
25	Q. How many hours have you billed for the month	25	A. I I would say I prob
	Page 51		Page 53
1	of July, to your recollection?	1	Probably not.
2	A. I have not billed anything since this.	2	Q. Okay. Do you know who Lagrange is?
3	Q. How many hours have you worked on this case	3	A. Yes.
4	in the month of July?	4	Q. And Mueller?
5	A. I would estimate maybe 15 to 20.	5	A. Yes.
6	Q. Fifteen. And that was in the preparation of	6 7	Q. Have you ever heard the term boussinesq?A. Yes.
8	your deposition; correct? A. I don't recall when I actually submitted	8	Q. What's your understan what's your
9	the the expert report, if that included July or if	9	understanding of boussinesq?
10	that was done in June. I do not know if the July time	10	A. It's a simplified approximation for for
11	included any expert-report preparation or if it's	11	fluid mechanics.
12	simply preparing for the deposition.	12	Q. With respect to what?
13	Q. Well I state for the record that your	13	A. I believe it's assuming the fluid properties
14	expert re	14	are constant.
15	Well if you look at Exhibit 1, your expert	15	Q. Excuse me?
16	report was signed on June 1st, 2017.	16	A. Assuming the fluid properties are constant.
17	A. Okay. Then then I did not spend time on	17	Q. What property of fluids?
18	the expert report in July. I was simply preparing for	18	A. I think it's both density and viscosity.
19	the deposition.	19	Q. When is the last time you used the
20	Q. Okay. So the whole time in July, all the	20	boussinesq approach in solving problems?
21	hours you worked on this case and will submit to	21	A. It's probably a long time ago, maybe 20
22 23	defense counsel was in preparation of your deposition;	22 23	20 years ago.
	correct?		Q. Do you know the limitations of the
	A And also reviewing the report and ves	24	houssinesa annroach?
24 25	A. And also reviewing the report and yes.Q. Your report.	24 25	boussinesq approach? A. I know they're not valid when there's large

	Page 54		Page 56
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	temperature gradients, which which changes both density and viscosity. Q. What would you consider a large temperature gradient? A. In in mostly in in liquids, because the viscosity is much stronger a function of temperature than it is of, say, gases. Q. I understand. But what would you consider a large temperature gradient? A. In liquids, for example in water, maybe something more than 20 or 30 degrees Fahrenheit. Q. How about gas? A. Gas is a probably much higher temperature because the viscosity and density are not nearly as as temperature-dependent. I would say maybe 50 to a hundred. Q. Okay. Is that a guess or is that based on A. That's Q any document or research that you've done? A. That's that's an estimate based on my experience. Q. Can you point me to a literature or	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	Celsius with respect to using particle flow, that that would be too large of a gradient with respect to using the boussinesq approach? A. Based on my experience, that seems to be overly restrictive. Q. Okay. When is the last Well your experience has been over 25 years using the boussinesq approach; correct? A. Yes. Q. With respect to item number nine on Exhibit 3, the subpoena, there's no engagement agreement between you and Blackwell Burke or 3M; correct? A. Can you define "engagement agreement?" Q. No written document or contract between you two. A. It's it's a verbal agreement. Q. Okay. Do you have any correspondence at all with either defense counsel or anyone else in this case? And that includes e-mails. A. There are some e-mail correspondence between myself and counsel. Q. Okay. But no one else besides counsel. A. No. Q. Besides the six photographs that were
25	peer-reviewed article that supports that statement?	25	provided to you on Friday, five or six photographs,
	Page 55		Page 57
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	 A. I could probably find documentation of that in a a good fluid mechanics textbook. Q. Okay. MR. GOSS: We've been going about an hour. Do you want to take a quick break? MR. ASSAAD: Give me five minutes. MR. GOSS: No problem. Q. Do you know Dan Koenigshofer? A. I do not. Q. Do you know Michael Buck? A. I may have run across him at the university, but no, I really don't know him. Q. He works with Andy Streifel. Do you know him? A. I do know Andy, yes. Q. Do you know him very well? A. Reasonably well. We've worked together from time to time in the past. Q. Okay. With respect to using the boussinesq approach, are you aware of what ANSYS, Fluent or CFX 	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	any other photographs provided to you? A. Not other than the ones that are included in one of my exhibits. Q. Okay. Who took those pictures in the exhibits? A. Oh, it was either Peter or or Vinita. Q. Who is Vinita? A. Vinita is one of the lawyers in Blackwell Burke's office. MR. GOSS: She's an associate in my office. MR. ASSAAD: Okay. MR. GOSS: She will be here later, after lunch. MR. ASSAAD: Okay. Q. Was anyone else in the room in Exhibit D? A. No, just the three of us. Q. Okay. Where where did that Exhibit D, where did that occur? A. That occurred in the 3M laboratory. Q. Okay. So it happened in a 3M laboratory
21 22 23 24 25	states in their manuals with respect to using that approach? A. I do not know that. Q. Okay. Would you be surprised that they consider a gradient greater than three or four degrees	21 22 23 24 25	in A. Yes. Q St. Paul? A. Yes. Q. Okay. I take it you had no communications

	Page 58		Page 60
1	with any other experts in this case, defense experts.	1	A. I think I do.
2	A. I have not communicated with anybody other	2	Q. Okay. You you agree that the good
3	than defense other than counsel I should say.	3	engineering approach in attacking an issue is to study
4	Q. Is there any agreements for you to perform	4	the issue extensively; correct?
5	any other work in this case besides formulating your	5	A. Engineers always have restrictions on time
6 7	opinions that are outlined in Exhibit 1 and 2? A. I would anticipate as additional information	6	and resources, so one does the best one can under the existing circumstances.
8	becomes available I would be asked to perform	8	Q. Did you have any restrictions on your time
9	additional services.	9	by 3M or Blackwell Burke?
10	Q. Such as what additional information?	10	A. I did not.
11	A. Perhaps reviewing additional depositions or	11	Q. So you could have spent as much time as you
12	other other documents that may come forward.	12	want or you felt necessary to research the issues in
13	Q. Are you aware that general causation	13	this case; correct?
14	discovery is closed in this case?	14	A. That's correct.
15	Do you know what that means?	15	Q. Okay. Could you would
16	A. I I'm not not aware of that.	16	Could you have asked a graduate student or
17	Q. You know what general	17	a a researcher to assist you in this case?
18	You know what discovery is; correct?	18	A. I didn't think that was appropriate.
19	A. Yes.	19	Q. Why not?
20	Q. You're familiar with lawsuits; correct?	20	A. Because I was the one retained as an expert
21	A. Yes.	21	witness and not a not a graduate student.
22	Q. Have you ever been sued yourself?	22	Q. I understand that. But you've also written
23	A. No.	23	many papers and used graduate students to help you do
24	Q. Have you ever sued anybody?	24	the research; correct?
25	A. No.	25	A. Yes, but that's not a litigation process.
	Page 59		Page 61
1		1	
1 2	Q. Okay. Discovery has been closed in this	1 2	Q. But you rely on on your graduate
1 2 3		1 2 3	Q. But you rely on on your graduate students; correct?
2	Q. Okay. Discovery has been closed in this case for a few months now; correct? Are you aware of	2	Q. But you rely on on your graduate
2 3	Q. Okay. Discovery has been closed in this case for a few months now; correct? Are you aware of that?	2 3	Q. But you rely on on your graduate students; correct? A. For the research they do in the laboratory,
2 3 4 5 6	Q. Okay. Discovery has been closed in this case for a few months now; correct? Are you aware of that? A. I I'm not aware of the legal terms, no. Q. Okay. Is there anything specific with respect to patients that would change your opinions in	2 3 4	Q. But you rely on on your graduate students; correct? A. For the research they do in the laboratory, yes. Q. Or to do any type of research review; correct?
2 3 4 5 6 7	Q. Okay. Discovery has been closed in this case for a few months now; correct? Are you aware of that? A. I I'm not aware of the legal terms, no. Q. Okay. Is there anything specific with respect to patients that would change your opinions in this case?	2 3 4 5 6 7	 Q. But you rely on on your graduate students; correct? A. For the research they do in the laboratory, yes. Q. Or to do any type of research review; correct? A. Under my direction, yes.
2 3 4 5 6 7 8	Q. Okay. Discovery has been closed in this case for a few months now; correct? Are you aware of that? A. I I'm not aware of the legal terms, no. Q. Okay. Is there anything specific with respect to patients that would change your opinions in this case? A. Could you re repeat the question?	2 3 4 5 6 7 8	 Q. But you rely on on your graduate students; correct? A. For the research they do in the laboratory, yes. Q. Or to do any type of research review; correct? A. Under my direction, yes. Q. For example, when you attack a new problem,
2 3 4 5 6 7 8 9	Q. Okay. Discovery has been closed in this case for a few months now; correct? Are you aware of that? A. I I'm not aware of the legal terms, no. Q. Okay. Is there anything specific with respect to patients that would change your opinions in this case? A. Could you re repeat the question? Q. Well you talked about getting new	2 3 4 5 6 7 8 9	Q. But you rely on on your graduate students; correct? A. For the research they do in the laboratory, yes. Q. Or to do any type of research review; correct? A. Under my direction, yes. Q. For example, when you attack a new problem, you want to review and obtain all the peer-reviewed
2 3 4 5 6 7 8 9 10	Q. Okay. Discovery has been closed in this case for a few months now; correct? Are you aware of that? A. I I'm not aware of the legal terms, no. Q. Okay. Is there anything specific with respect to patients that would change your opinions in this case? A. Could you re repeat the question? Q. Well you talked about getting new information, you know, you might ask to be offered	2 3 4 5 6 7 8 9	Q. But you rely on on your graduate students; correct? A. For the research they do in the laboratory, yes. Q. Or to do any type of research review; correct? A. Under my direction, yes. Q. For example, when you attack a new problem, you want to review and obtain all the peer-reviewed literature, relevant literature on that issue to see
2 3 4 5 6 7 8 9 10	Q. Okay. Discovery has been closed in this case for a few months now; correct? Are you aware of that? A. I I'm not aware of the legal terms, no. Q. Okay. Is there anything specific with respect to patients that would change your opinions in this case? A. Could you re repeat the question? Q. Well you talked about getting new information, you know, you might ask to be offered some potential new information, so I'm trying to	2 3 4 5 6 7 8 9 10	Q. But you rely on on your graduate students; correct? A. For the research they do in the laboratory, yes. Q. Or to do any type of research review; correct? A. Under my direction, yes. Q. For example, when you attack a new problem, you want to review and obtain all the peer-reviewed literature, relevant literature on that issue to see what other people have done; correct?
2 3 4 5 6 7 8 9 10 11 12	Q. Okay. Discovery has been closed in this case for a few months now; correct? Are you aware of that? A. I I'm not aware of the legal terms, no. Q. Okay. Is there anything specific with respect to patients that would change your opinions in this case? A. Could you re repeat the question? Q. Well you talked about getting new information, you know, you might ask to be offered some potential new information, so I'm trying to figure out what type of information might affect your	2 3 4 5 6 7 8 9 10 11 12	Q. But you rely on on your graduate students; correct? A. For the research they do in the laboratory, yes. Q. Or to do any type of research review; correct? A. Under my direction, yes. Q. For example, when you attack a new problem, you want to review and obtain all the peer-reviewed literature, relevant literature on that issue to see what other people have done; correct? A. As much as is reasonably possible, yes.
2 3 4 5 6 7 8 9 10 11 12 13	Q. Okay. Discovery has been closed in this case for a few months now; correct? Are you aware of that? A. I I'm not aware of the legal terms, no. Q. Okay. Is there anything specific with respect to patients that would change your opinions in this case? A. Could you re repeat the question? Q. Well you talked about getting new information, you know, you might ask to be offered some potential new information, so I'm trying to figure out what type of information might affect your opinions. So my first question is: Anything specific	2 3 4 5 6 7 8 9 10 11 12 13	Q. But you rely on on your graduate students; correct? A. For the research they do in the laboratory, yes. Q. Or to do any type of research review; correct? A. Under my direction, yes. Q. For example, when you attack a new problem, you want to review and obtain all the peer-reviewed literature, relevant literature on that issue to see what other people have done; correct? A. As much as is reasonably possible, yes. Q. Did you do that in this case?
2 3 4 5 6 7 8 9 10 11 12 13 14	Q. Okay. Discovery has been closed in this case for a few months now; correct? Are you aware of that? A. I I'm not aware of the legal terms, no. Q. Okay. Is there anything specific with respect to patients that would change your opinions in this case? A. Could you re repeat the question? Q. Well you talked about getting new information, you know, you might ask to be offered some potential new information, so I'm trying to figure out what type of information might affect your opinions. So my first question is: Anything specific to a patient's medical records that might affect or	2 3 4 5 6 7 8 9 10 11 12 13 14	Q. But you rely on on your graduate students; correct? A. For the research they do in the laboratory, yes. Q. Or to do any type of research review; correct? A. Under my direction, yes. Q. For example, when you attack a new problem, you want to review and obtain all the peer-reviewed literature, relevant literature on that issue to see what other people have done; correct? A. As much as is reasonably possible, yes. Q. Did you do that in this case? A. Other than some keyword searches, I did not
2 3 4 5 6 7 8 9 10 11 12 13 14 15	Q. Okay. Discovery has been closed in this case for a few months now; correct? Are you aware of that? A. I I'm not aware of the legal terms, no. Q. Okay. Is there anything specific with respect to patients that would change your opinions in this case? A. Could you re repeat the question? Q. Well you talked about getting new information, you know, you might ask to be offered some potential new information, so I'm trying to figure out what type of information might affect your opinions. So my first question is: Anything specific to a patient's medical records that might affect or change your opinions in this case?	2 3 4 5 6 7 8 9 10 11 12 13 14 15	Q. But you rely on on your graduate students; correct? A. For the research they do in the laboratory, yes. Q. Or to do any type of research review; correct? A. Under my direction, yes. Q. For example, when you attack a new problem, you want to review and obtain all the peer-reviewed literature, relevant literature on that issue to see what other people have done; correct? A. As much as is reasonably possible, yes. Q. Did you do that in this case? A. Other than some keyword searches, I did not do a very exhaustive search, no.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. Okay. Discovery has been closed in this case for a few months now; correct? Are you aware of that? A. I I'm not aware of the legal terms, no. Q. Okay. Is there anything specific with respect to patients that would change your opinions in this case? A. Could you re repeat the question? Q. Well you talked about getting new information, you know, you might ask to be offered some potential new information, so I'm trying to figure out what type of information might affect your opinions. So my first question is: Anything specific to a patient's medical records that might affect or change your opinions in this case? A. I I'm going under the assumption that the	2 3 4 5 6 7 8 9 10 11 12 13 14	Q. But you rely on on your graduate students; correct? A. For the research they do in the laboratory, yes. Q. Or to do any type of research review; correct? A. Under my direction, yes. Q. For example, when you attack a new problem, you want to review and obtain all the peer-reviewed literature, relevant literature on that issue to see what other people have done; correct? A. As much as is reasonably possible, yes. Q. Did you do that in this case? A. Other than some keyword searches, I did not do a very exhaustive search, no. Q. You relied on what 3M provided you; correct?
2 3 4 5 6 7 8 9 10 11 12 13 14 15	Q. Okay. Discovery has been closed in this case for a few months now; correct? Are you aware of that? A. I I'm not aware of the legal terms, no. Q. Okay. Is there anything specific with respect to patients that would change your opinions in this case? A. Could you re repeat the question? Q. Well you talked about getting new information, you know, you might ask to be offered some potential new information, so I'm trying to figure out what type of information might affect your opinions. So my first question is: Anything specific to a patient's medical records that might affect or change your opinions in this case? A. I I'm going under the assumption that the only additional information provided would be, for	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. But you rely on on your graduate students; correct? A. For the research they do in the laboratory, yes. Q. Or to do any type of research review; correct? A. Under my direction, yes. Q. For example, when you attack a new problem, you want to review and obtain all the peer-reviewed literature, relevant literature on that issue to see what other people have done; correct? A. As much as is reasonably possible, yes. Q. Did you do that in this case? A. Other than some keyword searches, I did not do a very exhaustive search, no. Q. You relied on what 3M provided you; correct? A. That, and some of the work some of the
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Q. Okay. Discovery has been closed in this case for a few months now; correct? Are you aware of that? A. I I'm not aware of the legal terms, no. Q. Okay. Is there anything specific with respect to patients that would change your opinions in this case? A. Could you re repeat the question? Q. Well you talked about getting new information, you know, you might ask to be offered some potential new information, so I'm trying to figure out what type of information might affect your opinions. So my first question is: Anything specific to a patient's medical records that might affect or change your opinions in this case? A. I I'm going under the assumption that the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Q. But you rely on on your graduate students; correct? A. For the research they do in the laboratory, yes. Q. Or to do any type of research review; correct? A. Under my direction, yes. Q. For example, when you attack a new problem, you want to review and obtain all the peer-reviewed literature, relevant literature on that issue to see what other people have done; correct? A. As much as is reasonably possible, yes. Q. Did you do that in this case? A. Other than some keyword searches, I did not do a very exhaustive search, no. Q. You relied on what 3M provided you; correct?
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Page 62 Page 64 deposition, particle removal, filtration that I didn't 1 1 BY MR. ASSAAD: think were as relevant, so I did not include them. 2 2 Q. Dr. Kuehn, did you meet with anyone at 3M to 3 3 Q. With respect to the use of the Bair Hugger discuss this issue? and its effect on the environment, did you review any 4 A. No, I did not. 5 articles of that nature? 5 Q. So you never met with like Michelle Stevens, 6 A. I don't believe I did, other than what was 6 Al Van Duren, any one of --7 7 Any of those names sound familiar? provided. 8 8 Q. Okay. You relied on 3M to provide you those A. No. articles; correct? 9 Q. Okay. Going back to Exhibit 4, my 10 understanding is that you believe there's a March 10 A. I relied on counsel to provide the articles. Q. Well counsel represents 3M in this case. invoice and a May invoice that is not reflected in 11 11 12 You understand that; correct? 12 Exhibit 4: correct? 13 A. Yes. 13 A. That's my recollection. I thought I 14 Q. Okay. And you would expect that, being 14 submitted invoices every month up until the 1st of retained as an expert in this case and being a 15 15 June. professor at the University of Minnesota, that 3M 16 Q. Okay. Besides -would provide you with all the information necessary If you look at page three, besides your work 17 17 to formulate your opinions; correct? on June 1st, 2017 for one hour, do you recall any 18 18 other work you performed on this case in the month of 19 A. I --19 20 That -- that's not the case. They provided 20 21 some of the material and I obtained other material 21 A. Yes, yes, there was work done after this. I 22 myself, some background material. 22 believe the expert report, as -- as you mentioned, was 23 Q. Yeah. But if they were aware of information 23 submitted about June 1st, so I was told to submit all that might be relevant to your opinions or could my invoices, all my time up to that date, which I did. 24 24 affect your opinions, you'd expect 3M to provide you 25 Q. Okay. My question is: Was there any other 25 Page 63 Page 65 that information; correct? work you performed on this case in the whole entire A. I would expect that to be the case, yes. month of June? 2 2 3 Q. Okay. Because that would be --3 A. After June 1st, yes. I mean for you to be objective, you want to 4 4 Q. What work? know the good and the bad with respect to an issue 5 5 A. I would say probably reading -- reading that is known in the scientific community; correct? 6 depositions that were provided by counsel. 7 A. You want to know as much as possible, yes. 7 Q. My understanding is that the deposition of Q. To be objective.A. Yes. Jim Ho was provided to you on Friday; correct? 8 8 A. That's correct. 9 9 10 Q. Okay. Because you're not here to be an 10 Q. Okay. So you didn't do that work in June; advocate, you're here to be objective as an engineer correct? 11 and pretty much black and white on the science; 12 12 A. No. correct? 13 13 Q. Okay. I'm asking for the month of June, --14 A. I am --14 A. Yes. 15 15 MR. GOSS: Object to form. Q. -- any other work that was performed on this A. -- here -- I'm here to defend the positions 16 16 that I have set forth. 17 17 A. I -- I can't recall specifics off the top of 18 Q. You're here to defend 3M's positions; 18 my head. 19 correct? 19 Q. Okay. What other depositions besides Jim 20 MR. GOSS: Object to form. 20 Ho's deposition was provided to you? Q. Correct? A. Koenigshofer's and Zgoda's, Karl Zgoda, 21 21 Elghobashi's. Those are the ones that come to mind. 22 A. These are my positions I have put forth. 22 23 MR. ASSAAD: I think it's time for a break. 23 Q. Okay. And also Mr. Crowder? THE REPORTER: Off the record, please. A. I think I reviewed his expert report, but I 24 24 25 25 don't think I recall seeing his --(Recess taken.)

	Page 66		Page 68
1	Q. Well he's not an expert in this case. He	1	Q. When you received the report, did you read
2	was deposed. He's the person with Pentair.	2	the entire report?
3	A. Then then I must have seen his his	3	A. Reviewed, at least at least glanced
4	deposition.	4	through the entire report, yes.
5	Q. I believe you put it you put it down on	5	Q. When you use the term "glance," what what
6	Exhibit E of Exhibit 1.	6	does "glance" mean to you?
7	A. Okay. Then then that must be correct.	7	A. Take a a first look through all of it,
8	Q. Okay. So when did you receive Dr.	8	and then some of them I went back and and read in
9	Elghobashi's deposition?	9	more detail.
10	A. I can't say for sure. Probably maybe six	10	Q. Okay. And and are the hours spent with
11	weeks ago.	11	respect to your work on Exhibit 4 accurate?
12	Q. Okay. Well his deposition was taken on June	12	A. With with the exception of the perhaps
13	15th,	13	two missing invoices, yes.
14	A. Okay.	14	Q. I understand that. But when you say you
15	Q so it had to have been after that.	15	spent one hour doing something, it was actually an
16	A. Okay.	16	hour and not two hours, three hours.
17	Q. Okay. You said you also received Dan	17	A. I try to be very very correct about that.
18	Koenigshofer's deposition; correct?	18	Q. Because that's what engineers do, they we
19	A. Yes.	19	try to be accurate; correct?
20	Q. And did you receive Michael Buck's	20	A. That's correct.
21	deposition?	21	Q. Okay. You're a member the American Society
22	A. Yes.	22	of Mechanical Engineers; correct?
23 24	Q. Okay. Did you receive Dr. Ulatowski's deposition?	23 24	A. Yes.Q. And you're also a member of ASHRAE; correct?
25	A. No.	25	A. Yes.
23	A. 110.	23	A. 165.
	Page 67		Page 69
1	Q. Did you read the entire deposition of Dr.	1	Q. Okay. So just to be clear, on page two of
1 2	Elghobashi?	2	Exhibit 4, on April 8th it states that you spent one
3	A. I have not read the entire deposition, no.	3	
4			hour on the expert reports from Samet Stonnington
	O Have you read the entire deposition of of		hour on the expert reports from Samet, Stonnington,
	Q. Have you read the entire deposition of of Dan Koenigshofer?	4	Jarvis and David. Do you see that?
5	Dan Koenigshofer?	4 5	Jarvis and David. Do you see that? A. I see that.
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	D 70		D 72
	Page 70		Page 72
1	Map; correct?	1	Q. What's been marked as Exhibit 5 is a copy of
2	A. I	2	a page of the website. If you look at the bottom
3	No, I have not.	3	page, left, it gives you the web address, and if you
4	Q. So sitting here today you have no idea what	4	look at the upper left-hand corner it says the date
5	the Elghobashi Map refers to.	5	that this was copied off of the website. Do you
6	MR. GOSS: Are you saying "map?"	6	recognize Exhibit 5?
7	MR. ASSAAD: Map.	7	A. I have not seen this before, no.
8	MR. GOSS: Okay.	8	Q. Do you know what CSE-IT stands for?
9	A. I do not.	9	A. I believe CSE stands for College of Science
10	Q. Okay. Do you know what DNS is?	10	and Engineering
11	A. Yes.	11	Q. Yes.
12	Q. What's DNS?	12	A and IT is probably Information
13	A. Direct Numerical Simulation.	13	Technology. But that's
14	Q. Do you have access to any DNS software?	14	I'm fairly sure about CSE; I'm making a
15	A. I think at the University I probably do.	15	guess at IT.
16	Q. Okay. What software would that be?	16	Q. Do you agree with me that, based on your
17	A. I I do not know.	17	knowledge today, that this is a page taken from the
18	Q. Okay. Have you used any DNS software?	18	University of Minnesota website?
19	A. I have not used any myself, no.	19	A. It appears to be, yes.
20	Q. Do you agree that DNS software is more	20	Q. Okay. And on top it talks about "ANSYS
21	advanced than ANSYS, Fluent or CFX?	21	License."
22	A. That that's my understanding.	22	A. Yes.
23	Q. Okay. And it's also your understanding that	23	Q. Okay. Do you see where it says under "ANSYS
24	very few supercomputers in the world could actually	24	License," "This copy of Ansys is NOT LICENSED FOR
25	use DNS.	25	RESEARCH WORK?"
	Page 71		Page 73
1	A. I have no opinion on that.	1	A. I see that.
2	A. I have no opinion on that.Q. Okay. Are you familiar with the	2	A. I see that.Q. And if you look at the bottom paragraph, it
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Page 74 Page 76 agreement language, ves. A. I don't believe so. But if you were to name 1 1 Q. I mean you're familiar with that being in them, I could tell -- tell you "yes" or "no." 2 2 3 academia for so many years; correct? Q. Karl Zgoda. 4 A. Yes. 4 A. Yes. 5 Q. Okay. And companies do that because they 5 Q. You've read his deposition. 6 want students to become familiar with their products, 6 A. Yes. 7 to use their products when they go out into the real 7 Q. Okay. What about Gary Hansen? 8 A. I do not believe so. world; correct? 9 O. What about Al Van Duren? 9 A. I agree with that. 10 A. No. 10 Q. Okay. Because the cost for the license for -- for an academic institution is much less than 11 11 O. What about Michelle Hulse Stevens? 12 the cost it would be for a private corporation. 12 A. No. 13 A. That -- that's what I have heard. 13 Q. Are the only depositions you have read are 14 Q. And in fact, when you --14 the ones outlined in Exhibit 1 on your report, as well as the depositions that -- of -- of the plaintiffs' 15 When I was a student, and I'm sure your 15 experts provided to you by defense counsel? students know, the cost of even getting Micro --16 16 A. I believe that to be correct. Microsoft Office as a student is much cheaper than 17 17 when you're not a student any more. O. And Jim Ho, who is a defense expert. 18 18 A. There again, they're student versions, too, A. Yes. 19 19 20 that are much cheaper. 20 Q. Okay. Did you -- were you provided --Q. Yeah. So you agree with me that if anyone 21 21 strike that. 22 used ANSYS for a commercial purpose, that would be in 22 Are you aware that there are about five to 23 violation of the ANSYS license with the University of 23 eight peer-reviewed articles that discuss either particle flow or disruption of the operating room Minnesota: correct? 24 24 25 MR. GOSS: Object to form. 25 environment or filtration with respect to the Bair Page 77 Page 75 1 A. Well it says "LICENSED" -- "NOT LICENSED FOR Hugger? RESEARCH WORK." I -- I would imagine one would have 2 A. I do not know the exact number, but I -- I to interpret what that would mean. 3 3 know there are some peer-reviewed publications, yes. Q. Well it also says, "Access can be granted 4 4 Q. And the ones that you know about are the for use by students enrolled in classes..." It --5 ones provided to you by defense counsel. 5 it's not access for any type of commercial use. 6 A. I think that's correct. A. It says, "Access can be granted..." It says 7 Q. Do you know who Dr. Sessler is? 7 access is restricted to. 8 A. I have heard the name. 8 Q. Well let me ask you this: If you -- would 9 9 Q. Before this litigation? 10 this license --10 A. No. Based on your reading of this license, would Q. Okay. How have you heard the name? 11 11 a -- would a professor or a student be allowed to do A. Just through discussions with counsel. 12 12 Q. Okay. Have you read any of his peerresearch for 3M under this license? 13 13 14 A. If -- if one were to define the term 14 reviewed articles? "research" as indicated under here, then I would 15 A. I do not believe I have. 15 Q. Do you know who Dr. McGovern is? 16 16 17 Q. Well how do you define "research?" 17 A. I do not. A. Research is -- I would define as generating 18 18 Q. Do you know who Dr. Reed is? 19 new knowledge. 19 A. I have read one of his papers, but other 20 Q. In formulating your report, did you read any 20 than that, I do not know who he is. of the depositions of any of the fact witnesses? 21 21 Q. The paper that was provided to you; correct? A. I'm not sure who the fact witnesses are. 22 22 23 If -- if you could identify --23 Q. Do you know who Mark Albrecht is? 24 Q. Did you read any of the depositions by any A. I --24 of the engineers at 3M? 25 25 Prior to this --

	Page 78		Page 80
1	Q. Litigation.	1	Q. Okay. Do you know what the Rule 72
2	A litigation, no.	2	Committee is?
3	Q. But you've read some of his articles.	3	A. I'm I'm not sure what the title of that
4	A. Yes.	4	would be.
5	Q. Do you know who Dr. Belani is?	5	Q. Dealing with hospital rooms or and hos
6	A. No.	6	and air hos healthcare facilities.
7	Q. Do you know Dr. Belani used to be the chair	7	A. That that's not
8	of anesthesiology at the University of Minnesota?	8	170 you say?
9	A. I was not aware of that, no.	9	Q. I'm sorry, 172.
10	Q. Did you	10	A. Yeah. No, I'm not a member of that.
11	Were you provided with a deposition the	11	Q. Okay. You're a member of the 52 Committee;
12	corporate representative deposition of 3M in which it was 3M's well strike that.	12	right?
13 14		13 14	A. Actually, I'm not a member of 52, I'm a member of the technical committee that oversees
15	Do you know what a corporate deposition is? A. I I do not. Please educate me.	15	Standards Committee 52.2.
16	Q. Okay. In litigation there's a deposition	16	Q. Okay.
17	which you actually take the deposition of 3M and they	17	(Discussion off the stenographic record.)
18	provide a person to speak on behalf of 3M.	18	Q. Now in reading your report, I just want to
19	A. Okay.	19	be clear so I understand you. Is is it your
20	Q. Did you read any of the depositions of any	20	opinion that the Bair Hugger has no impact on the
21	of the corporate representative depositions?	21	airflow environment of an operating room?
22	A. Other than the one that I mentioned by Karl	22	A. I think my opinion would be somewhat more
23	Zgoda, I don't believe I have.	23	restrictive than that, that it has negligible effect
24	Q. Okay. Do you know who Nachtsheim is?	24	on the airflow near the surgical site.
25	A. I do not.	25	Q. On the surgical
	Page 79		Page 81
1	Q. Okay. Did you review any of the depositions	1	And when you say "negligible," what do you
2	with respect to any of the study authors in this case?	2	mean by "negligible?"
3	A. Could could you repeat that?	3	A. One would not be able to measure the
4	Q. Are you aware that 3M took the depositions	4	difference whether the Bair Hugger was being used or
5	of many of the authors that had peer-reviewed	5	not at the surgical site, everything else being equal.
6	literature that questioned the safety of the Bair	6	Q. Okay. Does it have an impact on the
7	Hugger device?	7	unidirectional airflow?
8	A. I was not aware of those depositions, no.	8	A. I would say no.
9	Q. Do you think reading those depositions would	9	Q. Okay. Does it have any impact in the
10	have been helpful in formulating your opinions?	10	operating room with respect to airflow?
11 12	A. Possibly.	11 12	A. I guess we would have to define "impact." I would say it does circulate some of the air in one
13	Q. Do you know who Farhad Memarzadeh is?A. Again, I have heard the name. I do not know	13	portion of the operating room, behind the anesthesia
14	him personally.	14	drape, but as as I said, I do not believe it would
15	MR. GOSS: Memarzadeh.	15	have any significant effect of the airflow near the
16	Q. Memarzadeh. Does that refresh your	16	surgical site.
17	recollection when it's Memarzadeh?	17	Q. And with respect to your filtration opinion,
18	A. I still do not know him.	18	it's your understanding that the filters used by 3M
19	Q. Okay. Are you aware that he's done	19	are have a MERV 14 rating; correct?
20	computational fluid dynamic work with respect to	20	A. That's my understanding, yes.
21	operating rooms?	21	Q. Okay. And have you yourself done any
22	A. I do not recall that.	22	biological sampling of the bioburden in an operating
23	Q. Are you a member of the are you a member	23	room?
24	of the ASHRAE Rule 72 Committee? A. I'm not.	24	A. No, I have not.
25	A I'm not	25	Q. Do you know what the bioburden in an

	D 02		D 04
	Page 82	1	Page 84
1	operating room is?	1	from the CDC with respect to this case?
2	A. Not having worked in that area, I do not	2	A. I I do not believe I have, no.
3	know that.	3	Q. Do you know what Schlieren testing is?
4	Q. Okay. Do you agree with me that to	4	A. I do.
5	determine the type of filter to be used and to	5	MR. ASSAAD: And Schlieren is spelled
6	formulate an opinion on that, knowing what the	6	S-c-h
7	bioburden in an operating room is necessary?	7	THE REPORTER: I know it.
8	A. Well I do know this case is really focused	8	MR. ASSAAD: Okay.
9	on bacteria-containing particles, and therefore my	9	Q. Have you ever used Schlieren testing?
10	opinion is based on the filter performance at that	10	A. Yes, I have.
11	type of particle and that particle size.	11	Q. When is the last time you used Schlieren
12	Q. Okay. We'll get to that later on.	12	testing?
13	Did you request to see the expert reports	13	A. Probably during my Ph.D. thesis work, maybe
14	provided by the defense in this case?	14	40 years ago.
15	A. I I did not know what expert reports	15	Q. Okay. Have you seen any Schlieren testing
16	there were, so they were provided to me by counsel.	16	done by 3M?
17	Q. So until you were provided the expert report	17	A. I have not.
18	of Jim or the expert deposition of Jim Ho, you had	18	Q. Have you seen any Schlieren testing by any
19 20	no idea that Jim Ho was retained by the defense in this case?	19 20	of the defense experts?
	A. I had no idea.	21	A. I have not seen any any Schlieren work
21 22		22	regarding this this case.
23	Q. And with respect to Gary Settles, you had no idea that Gary Settles was an expert in this case?	23	Q. Do you know many people do you know
24	A. Prior to counsel mentioning that, no.	24	Do you know whether or not many engineers still use Schlieren testing?
25	Q. Sitting here today well strike that.	25	A. My understanding is that not very many.
23	Q. Sitting here today wen strike that.	23	A. My understanding is that not very many.
	Page 83		Page 85
1		1	
1 2	Are you aware that Gary Settles took	1 2	Q. They give you more of a qualitative result,
2		2	Q. They give you more of a qualitative result, not a quantitative result; correct?
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	D 06		P 00
	Page 86		Page 88
1	Q. Okay. Are you surprised, sitting here	1	Q. That's not a corporate
2	today, that these other expert reports and testing	2	I'm talking about the one done by Al Van
3	done of the Bair Hugger, they were not provided to	3	Duren.
4	you?	4	A. No, I have not seen those.
5	A. I I guess not knowing everything that's	5	Q. Do you think that if 3M admits that the Bair
6	out there, I no, I'm not surprised.	6	Hugger every study that looked at whether or not
7	Q. Well do you think it's strange that Gary	7	particles are increased over the surgical site by the
8	Settles did temperature measurements as well and that	8	Bair Hugger, that it actually occurred, that would be
9	information wasn't provided to you?	9	something important to know?
10	MR. GOSS: Object to form.	10	MR. GOSS: Object to form.
11	A. Actually, I think that may have been a a	11	A. I don't know how they would approach that or
12	wise decision to have two completely independent	12	attribute that.
13	people try to measure similar things.	13	Q. Well if 3M did a study and many other people
14	Q. And if they came up with the same result,	14	did a study and all the studies indicated that when
15	that would validate each other; correct?	15	the Bair Hugger is turned on there were increased
16	A. I think that would that would certainly	16	particles over the surgical site, isn't that
17	support each other, yeah.	17	information you would think would be relevant in
18	Q. What if they came up with different results?	18	formulating your opinions?
19	A. Then we'd have to look in in more detail	19	MR. GOSS: Same objection.
20	as to what the differences were in the setup or the	20	A. I'm I'm I'm not sure I would agree
21	measurements.	21	with that.
22	Q. Because the setup makes a difference;	22	Q. Well whether or not you agree with it or
23	correct? The way the experiment is set up; correct?	23	not, do you agree that if peer-reviewed literature
24	A. And the and the instruments used, yes.	24	done by 3M as well as others all indicate that
25	Q. Okay. Sitting here today, do you believe	25	particles increase over the surgical site when the
	Page 87		Page 89
	Page 87	_	Page 89
1	that 3M gave you all the information necessary to	1	Bair Hugger is turned on, that would be relevant
2	that 3M gave you all the information necessary to formulate your opinions?	1 2	Bair Hugger is turned on, that would be relevant information and necessary information for you to know
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	Page 90		Page 92
1		1	
1 2	Q. Well you recommend, in in in in determining whether or not a clean room is working	1 2	engineer, as a professor of engineering, that you would expect to be provided by 3M in this case all the
3	properly, as an alternative to doing biological	3	testing that was done and all the testing that was
4	testing, that you could do particle testing.	4	done by 3M or others so that at least you can compare
5	A. That's a protocol that's often used by some	5	your results with what other people did; correct?
6	manufacturers, yes.	6	MR. GOSS: Object objection.
7	Q. And it's something that you've actually	7	A. I would expect that would be the case.
8	recommended in papers before; isn't it?	8	Q. Assuming that all tests that were done with
9	A. Yes.	9	the Bair Hugger, including particle tests, all showed
10	Q. Okay. Because I think you	10	an increase in the particles when the Bair Hugger was
11	If I recall correctly, a room is not static,	11	turned on, would that in any way affect your opinions?
12	it's dynamic; correct?	12	MR. GOSS: Object to form.
13	A. Yes. Air is moving.	13	A. I'd have to look at those all those
14	Q. Okay. And there could be bursts in	14	those reports and then evaluate them.
15	particles that, even if you did a biological sampling,	15	Q. Excuse me?
16	you're not going to get any changes because of the	16	A. I would have to look at all the reports and
17	possible bursts in particles or as well as	17	then evaluate them.
18	biological bursts; correct?	18	Q. Okay. So it may affect your opinion.
19	A. You you may miss a burst event.	19	A. It's possible.
20	Q. And that's why particle monitoring is a good	20	Q. Okay. And if someone, such as someone at
21	alternative to biological sampling which takes days to	21	the NIH, did a CFD analysis of the Bair Hugger and
22	obtain the results.	22	showed that there was a disruption in the airflow when
23	A. Well again, biological sampling gives you,	23	the Bair Hugger was turned on, that may be relevant
24	if it's done correctly, very good information, it's	24	information in formulating your opinions; correct?
25	just that the information is provided in a delayed	25	MR. GOSS: Object to form.
	Page 91		Page 93
1	Page 91 manner.	1	
1 2		1 2	Page 93 A. Possibly. I'd have to look at the study and make my own judgment.
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2	manner. Q. At least one day.	2	A. Possibly. I'd have to look at the study and make my own judgment.
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	Page 94		Page 96
1	A. I do.	1	I've never taught a class in engineering
2	Q. What is peer review?	2	ethics and I don't would not work with the Pinto,
3	A. It's a review by colleagues who are familiar	3	for example, in any any of my examples.
4	with the in the engineering world, the technology	4	Q. You've never taught taught a class on
5	that you're working with.	5	engineering ethics?
6	Q. Okay. And it's like a checks and balances	6	A. I've never never taught a class on
7	to make sure there's no junk science published in the	7	engineering ethics, no.
8	literature; correct?	8	Q. Have you ever taken a class in engineering
9	A. Assuming the the reviewers have	9	ethics?
10 11	appropriate credentials and appropriate expertise to	10 11	A. I've taken some I wouldn't call it a a
12	evaluate your your publication or your your report, then yes. That's not always the case.	12	class or a Training I would say.
13	Q. There is some junk science out there;	13	Q. Are there any other Kuehns that teach at the
14	correct?	14	University of Minnesota in the engineering department?
15	A. Yeah.	15	A. Not with the same spelling of my name that
16	Q. And you will agree with me that there's	16	I'm aware of.
17	actually some dangerous products out there; correct?	17	Q. Okay.
18	A. I don't know how you would	18	A. I couldn't rule it out, but I don't know of
19	That seems to be a very broad	19	any personally.
20	Q. Well	20	Q. Do you agree that engineers should uphold
21	A categorization.	21	and advance the integrity, honor and dignity of the
22	Q. There there are devices out there that	22	engineering profession?
23	end up being a risk to to humans, correct, that are	23	A. I will agree with that.
24	manufactured?	24	Q. Do you agree that engineers should be
25	MR. GOSS: Object to form.	25	objective?
	Page 95		Page 97
1	A. Well I can think of a car is a risk to	1	A. Yes.
2	humans, too, if you get in an accident.	2	Q. Do you agree that engineers should have
3	Q. Yeah. But there's, for example, the Pinto.	3	should be honest?
5	The Pinto was a dangerous device; correct? A. Well it was a car that had a lot of	4 5	A. Yes.Q. Do you believe that engineers should have
6	accidents associated with it.	6	integrity?
7	Q. Yeah. And it caused severe injuries as a	7	A. Yes.
8	result of a design error; correct?	8	Q. Do you believe that they need all those
9	A. Well I'm not sure if you'd say design error,	9	things in formulating their opinions?
10	but based on the product.	10	A. Yes, that would be
11	Q. Well the product was designed; correct?	11	Q. Honesty, integrity and objectivity.
12	A. It was designed.	12	A. I I would agree with that.
13	Q. Okay. And there was an error in the design	13	Q. Okay. Do you believe that engineers of 3M
14	that could have been fixed that wasn't fixed; correct?	14	should be held to the same standard?
15	MR. GOSS: I'm just going to object to	15	A. Well I think all engineers should be held to
16	foundation on this.	16	the same standard.
17	Q. You're aware of the Pinto case; correct?	17	Q. Okay. Do you agree that engineers must use
18	A. Yes.	18	their knowledge and skill for enhancement of human
19	Q. Okay. And you actually	19	welfare?
20	I mean in most engineering schools you're	20	A. I I would agree with that.
21	taught about that case; correct?	21	Q. Do you agree that human safety should always
22	A. I I'm not aware of that. I'm not in that	22	come first?
	area.	23	A. I'm not sure I would agree with that.
23			
23 24 25	Q. You're not in engineering ethics? A. Well I'm in engin	24 25	Q. You don't believe safety should come first?A. If if a product doesn't do what it's

	Page 98		Page 100
1	supposed to, then then the safety is is	1	Q. Okay. And as an expert in this case and as
2	immaterial.	2	a member of ASME, you must follow engineering ethics;
3	Q. Okay. Do you believe, with respect to	3	correct?
4	designing a medical device that goes in an operating	4	A. Yes.
5	room, that the medical device should not increase the	5	Q. And to do that and to do that in formulating
6	risk of harm to a patient?	6	your opinion, you should have all the information
7	MR. GOSS: Object to form,	7	reasonable information available to you in formulating
8	A. I	8	your opinion; correct?
9	MR. GOSS: foundation.	9	A. I think all reasonable information, yes.
10	A. I I would agree.	10	Q. Okay. You should have all the relevant
11	Q. I mean I'm not sure you're aware of this,	11	studies that were done to review before formulating
12	but I'm an engineer as well, mechanical engineer,	12	your opinions; correct?
13 14	graduate from the University of Florida, and I was	13 14	A. All that I think are relevant, yes.
15	always taught that engineering is a profession, not just a job. You have a duty to the public. Do you	15	Q. Okay. And you should have the opinions all the relevant studies, whether or not they're
16	agree with that?	16	supportive or critical of the Bair Hugger in this
17	A. I I agree with that.	17	case, correct, before formulating your opinion;
18	Q. So engineering is is a profession.	18	correct?
19	A. Yes.	19	A. That would be ideal.
20	Q. You have a duty to the public; correct?	20	Q. Well as an engineer, before you solve a
21	A. Yes.	21	problem, you have to research the problem; correct?
22	Q. And as a professor of engineering, you have	22	A. Yes.
23	a duty to teach ethical behavior to your students;	23	Q. Okay. That that goes to the integrity of
24	correct?	24	your opinions; correct?
25	A. It's included in our curriculum, yes.	25	A. Yes.
	Page 00		Page 101
	Page 99		Page 101
1	Q. Okay. You guys actually have a class on	1	Q. Okay. And you would expect that 3M would
2	Q. Okay. You guys actually have a class on that; correct?	2	Q. Okay. And you would expect that 3M would provide you with all the information they had
2 3	Q. Okay. You guys actually have a class on that; correct? A. Yes.	2 3	Q. Okay. And you would expect that 3M would provide you with all the information they had available to educate you on the issues in this case;
2 3 4	Q. Okay. You guys actually have a class on that; correct?A. Yes.Q. And you teach your students that engineers	2 3 4	Q. Okay. And you would expect that 3M would provide you with all the information they had available to educate you on the issues in this case; correct?
2 3 4 5	Q. Okay. You guys actually have a class on that; correct? A. Yes. Q. And you teach your students that engineers need to be honest.	2 3 4 5	Q. Okay. And you would expect that 3M would provide you with all the information they had available to educate you on the issues in this case; correct? A. That would be my assumption.
2 3 4 5 6	Q. Okay. You guys actually have a class on that; correct? A. Yes. Q. And you teach your students that engineers need to be honest. A. Yes.	2 3 4 5 6	Q. Okay. And you would expect that 3M would provide you with all the information they had available to educate you on the issues in this case; correct? A. That would be my assumption. Q. Because at the end of the day when it comes
2 3 4 5 6 7	 Q. Okay. You guys actually have a class on that; correct? A. Yes. Q. And you teach your students that engineers need to be honest. A. Yes. Q. To be impartial. 	2 3 4 5 6 7	Q. Okay. And you would expect that 3M would provide you with all the information they had available to educate you on the issues in this case; correct? A. That would be my assumption. Q. Because at the end of the day when it comes to engineering and formulating your opinion, integrity
2 3 4 5 6 7 8	Q. Okay. You guys actually have a class on that; correct? A. Yes. Q. And you teach your students that engineers need to be honest. A. Yes. Q. To be impartial. A. Yes.	2 3 4 5 6 7 8	Q. Okay. And you would expect that 3M would provide you with all the information they had available to educate you on the issues in this case; correct? A. That would be my assumption. Q. Because at the end of the day when it comes to engineering and formulating your opinion, integrity and honesty are the most important things; correct?
2 3 4 5 6 7 8 9	Q. Okay. You guys actually have a class on that; correct? A. Yes. Q. And you teach your students that engineers need to be honest. A. Yes. Q. To be impartial. A. Yes. Q. To serve with fidelity to the public.	2 3 4 5 6 7 8 9	Q. Okay. And you would expect that 3M would provide you with all the information they had available to educate you on the issues in this case; correct? A. That would be my assumption. Q. Because at the end of the day when it comes to engineering and formulating your opinion, integrity and honesty are the most important things; correct? A. I think personally, yes.
2 3 4 5 6 7 8 9 10	Q. Okay. You guys actually have a class on that; correct? A. Yes. Q. And you teach your students that engineers need to be honest. A. Yes. Q. To be impartial. A. Yes. Q. To serve with fidelity to the public. A. Sounds like you're reading from something,	2 3 4 5 6 7 8 9	Q. Okay. And you would expect that 3M would provide you with all the information they had available to educate you on the issues in this case; correct? A. That would be my assumption. Q. Because at the end of the day when it comes to engineering and formulating your opinion, integrity and honesty are the most important things; correct? A. I think personally, yes. Q. Well as an engineer dealing with people's
2 3 4 5 6 7 8 9 10	Q. Okay. You guys actually have a class on that; correct? A. Yes. Q. And you teach your students that engineers need to be honest. A. Yes. Q. To be impartial. A. Yes. Q. To serve with fidelity to the public. A. Sounds like you're reading from something, but	2 3 4 5 6 7 8 9 10	Q. Okay. And you would expect that 3M would provide you with all the information they had available to educate you on the issues in this case; correct? A. That would be my assumption. Q. Because at the end of the day when it comes to engineering and formulating your opinion, integrity and honesty are the most important things; correct? A. I think personally, yes. Q. Well as an engineer dealing with people's lives and and coming to conclusions, you have to be
2 3 4 5 6 7 8 9 10 11 12	Q. Okay. You guys actually have a class on that; correct? A. Yes. Q. And you teach your students that engineers need to be honest. A. Yes. Q. To be impartial. A. Yes. Q. To serve with fidelity to the public. A. Sounds like you're reading from something, but It sounds like a like in the ASME Code of	2 3 4 5 6 7 8 9 10 11 12	Q. Okay. And you would expect that 3M would provide you with all the information they had available to educate you on the issues in this case; correct? A. That would be my assumption. Q. Because at the end of the day when it comes to engineering and formulating your opinion, integrity and honesty are the most important things; correct? A. I think personally, yes. Q. Well as an engineer dealing with people's lives and and coming to conclusions, you have to be objective, honest, and have integrity.
2 3 4 5 6 7 8 9 10 11 12 13	Q. Okay. You guys actually have a class on that; correct? A. Yes. Q. And you teach your students that engineers need to be honest. A. Yes. Q. To be impartial. A. Yes. Q. To serve with fidelity to the public. A. Sounds like you're reading from something, but It sounds like a like in the ASME Code of Ethics or something. So	2 3 4 5 6 7 8 9 10	Q. Okay. And you would expect that 3M would provide you with all the information they had available to educate you on the issues in this case; correct? A. That would be my assumption. Q. Because at the end of the day when it comes to engineering and formulating your opinion, integrity and honesty are the most important things; correct? A. I think personally, yes. Q. Well as an engineer dealing with people's lives and and coming to conclusions, you have to be
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2 3 4 5 6 7 8 9 10 11 12 13 14	Q. Okay. You guys actually have a class on that; correct? A. Yes. Q. And you teach your students that engineers need to be honest. A. Yes. Q. To be impartial. A. Yes. Q. To serve with fidelity to the public. A. Sounds like you're reading from something, but It sounds like a like in the ASME Code of Ethics or something. So Q. And that's a code of ethics by the American	2 3 4 5 6 7 8 9 10 11 12 13 14	Q. Okay. And you would expect that 3M would provide you with all the information they had available to educate you on the issues in this case; correct? A. That would be my assumption. Q. Because at the end of the day when it comes to engineering and formulating your opinion, integrity and honesty are the most important things; correct? A. I think personally, yes. Q. Well as an engineer dealing with people's lives and and coming to conclusions, you have to be objective, honest, and have integrity. MR. GOSS: Object to form, asked and answered.
2 3 4 5 6 7 8 9 10 11 12 13 14 15	Q. Okay. You guys actually have a class on that; correct? A. Yes. Q. And you teach your students that engineers need to be honest. A. Yes. Q. To be impartial. A. Yes. Q. To serve with fidelity to the public. A. Sounds like you're reading from something, but It sounds like a like in the ASME Code of Ethics or something. So Q. And that's a code of ethics by the American Society of Mechanical Engineers; correct?	2 3 4 5 6 7 8 9 10 11 12 13 14 15	Q. Okay. And you would expect that 3M would provide you with all the information they had available to educate you on the issues in this case; correct? A. That would be my assumption. Q. Because at the end of the day when it comes to engineering and formulating your opinion, integrity and honesty are the most important things; correct? A. I think personally, yes. Q. Well as an engineer dealing with people's lives and and coming to conclusions, you have to be objective, honest, and have integrity. MR. GOSS: Object to form, asked and answered. A. Yeah, I as I say, I think I've answered
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q. Okay. You guys actually have a class on that; correct? A. Yes. Q. And you teach your students that engineers need to be honest. A. Yes. Q. To be impartial. A. Yes. Q. To serve with fidelity to the public. A. Sounds like you're reading from something, but It sounds like a like in the ASME Code of Ethics or something. So Q. And that's a code of ethics by the American Society of Mechanical Engineers; correct? A. That's where I thought it was coming from, yes. Q. And it should be applied to all engineers;	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. Okay. And you would expect that 3M would provide you with all the information they had available to educate you on the issues in this case; correct? A. That would be my assumption. Q. Because at the end of the day when it comes to engineering and formulating your opinion, integrity and honesty are the most important things; correct? A. I think personally, yes. Q. Well as an engineer dealing with people's lives and and coming to conclusions, you have to be objective, honest, and have integrity. MR. GOSS: Object to form, asked and answered. A. Yeah, I as I say, I think I've answered that already. Q. And these principles we're talking about, engineering ethics, that's a required class for all
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	Q. Okay. You guys actually have a class on that; correct? A. Yes. Q. And you teach your students that engineers need to be honest. A. Yes. Q. To be impartial. A. Yes. Q. To serve with fidelity to the public. A. Sounds like you're reading from something, but It sounds like a like in the ASME Code of Ethics or something. So Q. And that's a code of ethics by the American Society of Mechanical Engineers; correct? A. That's where I thought it was coming from, yes. Q. And it should be applied to all engineers; correct?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	Q. Okay. And you would expect that 3M would provide you with all the information they had available to educate you on the issues in this case; correct? A. That would be my assumption. Q. Because at the end of the day when it comes to engineering and formulating your opinion, integrity and honesty are the most important things; correct? A. I think personally, yes. Q. Well as an engineer dealing with people's lives and and coming to conclusions, you have to be objective, honest, and have integrity. MR. GOSS: Object to form, asked and answered. A. Yeah, I as I say, I think I've answered that already. Q. And these principles we're talking about, engineering ethics, that's a required class for all mechanical engineering students at the University of
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. Okay. You guys actually have a class on that; correct? A. Yes. Q. And you teach your students that engineers need to be honest. A. Yes. Q. To be impartial. A. Yes. Q. To serve with fidelity to the public. A. Sounds like you're reading from something, but It sounds like a like in the ASME Code of Ethics or something. So Q. And that's a code of ethics by the American Society of Mechanical Engineers; correct? A. That's where I thought it was coming from, yes. Q. And it should be applied to all engineers; correct? A. Yes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. Okay. And you would expect that 3M would provide you with all the information they had available to educate you on the issues in this case; correct? A. That would be my assumption. Q. Because at the end of the day when it comes to engineering and formulating your opinion, integrity and honesty are the most important things; correct? A. I think personally, yes. Q. Well as an engineer dealing with people's lives and and coming to conclusions, you have to be objective, honest, and have integrity. MR. GOSS: Object to form, asked and answered. A. Yeah, I as I say, I think I've answered that already. Q. And these principles we're talking about, engineering ethics, that's a required class for all mechanical engineering students at the University of Minnesota; correct?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. Okay. You guys actually have a class on that; correct? A. Yes. Q. And you teach your students that engineers need to be honest. A. Yes. Q. To be impartial. A. Yes. Q. To serve with fidelity to the public. A. Sounds like you're reading from something, but It sounds like a like in the ASME Code of Ethics or something. So Q. And that's a code of ethics by the American Society of Mechanical Engineers; correct? A. That's where I thought it was coming from, yes. Q. And it should be applied to all engineers; correct? A. Yes. Q. Even 3M engineers; correct?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. Okay. And you would expect that 3M would provide you with all the information they had available to educate you on the issues in this case; correct? A. That would be my assumption. Q. Because at the end of the day when it comes to engineering and formulating your opinion, integrity and honesty are the most important things; correct? A. I think personally, yes. Q. Well as an engineer dealing with people's lives and and coming to conclusions, you have to be objective, honest, and have integrity. MR. GOSS: Object to form, asked and answered. A. Yeah, I as I say, I think I've answered that already. Q. And these principles we're talking about, engineering ethics, that's a required class for all mechanical engineering students at the University of Minnesota; correct? A. It is.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. Okay. You guys actually have a class on that; correct? A. Yes. Q. And you teach your students that engineers need to be honest. A. Yes. Q. To be impartial. A. Yes. Q. To serve with fidelity to the public. A. Sounds like you're reading from something, but It sounds like a like in the ASME Code of Ethics or something. So Q. And that's a code of ethics by the American Society of Mechanical Engineers; correct? A. That's where I thought it was coming from, yes. Q. And it should be applied to all engineers; correct? A. Yes. Q. Even 3M engineers; correct? A. As I said before, all engineers.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. Okay. And you would expect that 3M would provide you with all the information they had available to educate you on the issues in this case; correct? A. That would be my assumption. Q. Because at the end of the day when it comes to engineering and formulating your opinion, integrity and honesty are the most important things; correct? A. I think personally, yes. Q. Well as an engineer dealing with people's lives and and coming to conclusions, you have to be objective, honest, and have integrity. MR. GOSS: Object to form, asked and answered. A. Yeah, I as I say, I think I've answered that already. Q. And these principles we're talking about, engineering ethics, that's a required class for all mechanical engineering students at the University of Minnesota; correct? A. It is. Q. And I believe it's a required class for all
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. Okay. You guys actually have a class on that; correct? A. Yes. Q. And you teach your students that engineers need to be honest. A. Yes. Q. To be impartial. A. Yes. Q. To serve with fidelity to the public. A. Sounds like you're reading from something, but It sounds like a like in the ASME Code of Ethics or something. So Q. And that's a code of ethics by the American Society of Mechanical Engineers; correct? A. That's where I thought it was coming from, yes. Q. And it should be applied to all engineers; correct? A. Yes. Q. Even 3M engineers; correct? A. As I said before, all engineers. Q. So you agree that 3M 3M's engineers	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. Okay. And you would expect that 3M would provide you with all the information they had available to educate you on the issues in this case; correct? A. That would be my assumption. Q. Because at the end of the day when it comes to engineering and formulating your opinion, integrity and honesty are the most important things; correct? A. I think personally, yes. Q. Well as an engineer dealing with people's lives and and coming to conclusions, you have to be objective, honest, and have integrity. MR. GOSS: Object to form, asked and answered. A. Yeah, I as I say, I think I've answered that already. Q. And these principles we're talking about, engineering ethics, that's a required class for all mechanical engineering students at the University of Minnesota; correct? A. It is. Q. And I believe it's a required class for all mechanical engineering students at any accredited
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. Okay. You guys actually have a class on that; correct? A. Yes. Q. And you teach your students that engineers need to be honest. A. Yes. Q. To be impartial. A. Yes. Q. To serve with fidelity to the public. A. Sounds like you're reading from something, but It sounds like a like in the ASME Code of Ethics or something. So Q. And that's a code of ethics by the American Society of Mechanical Engineers; correct? A. That's where I thought it was coming from, yes. Q. And it should be applied to all engineers; correct? A. Yes. Q. Even 3M engineers; correct? A. As I said before, all engineers.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. Okay. And you would expect that 3M would provide you with all the information they had available to educate you on the issues in this case; correct? A. That would be my assumption. Q. Because at the end of the day when it comes to engineering and formulating your opinion, integrity and honesty are the most important things; correct? A. I think personally, yes. Q. Well as an engineer dealing with people's lives and and coming to conclusions, you have to be objective, honest, and have integrity. MR. GOSS: Object to form, asked and answered. A. Yeah, I as I say, I think I've answered that already. Q. And these principles we're talking about, engineering ethics, that's a required class for all mechanical engineering students at the University of Minnesota; correct? A. It is. Q. And I believe it's a required class for all

	Page 102		Page 104
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	Q. Okay. And in fact you can't become a member of the American Society of Mechanical Engineers unless you've taken engineering ethics; correct? A. I I I don't know about that level of detail. Q. Okay. You agree with me that engineers should solve a potential problem instead of ignoring it; correct? A. Yes. Q. I mean engineers are problem-solvers; right? A. Yes. Q. They're not problem-hiders. They don't hide problems, they should solve problems; correct? MR. GOSS: Object to form. A. Well that's what what engineers are trained to do. Q. Okay. And if an engineer is aware of a problem, it would be unethical to try to hide it publicly; correct? MR. GOSS: Object to form. A. Possibly. Q. That was a big issue with the Pinto, is that the engineers, they looked at it and they tried to hide it publicly instead of solving the problem because the bean counters came up and said it would be	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	expect expected requirements or expected outcome. Q. What do you teach engineers when of what to do when a potential problem is identified? A. I'm not sure I actually teach that in any of my courses. Q. Were you ever taught what to do if and when a problem is identified in the design that's out in the in the market? A. I do not recall that, no. Q. Would you agree with me that an engineer who has a potential problem identified to them should identify a potential solution before they consider the impact on potential stakeholders? MR. GOSS: Object to form. A. I I think an engineer would look at the entire scenario and and determine what what a possible path forward would be. Q. So they would look at the cost of the path the cost of the time when they're trying to solve the problem? A. That would be part of it. Q. You think they should look at if there's If there's a product out there that has potential to injure people, that in finding a
	<u> </u>		
1	Page 103 cheaper to pay off people in lawsuits than fix the	1	Page 105 solution, they should look at the cost of the
2	problem; correct? A. I do not recall that level of detail on that	2 3	solution; is that your testimony today?
3 4	particular case.	4	MR. GOSS: Objection, incomplete hypothetical.
5 6	Q. We'll get to that in a second then. Are you aware of the Citibank case, Citibank	5 6	A. Again, an en Any engineering decisions, that's that's
7 8	Building? A. You'll have to educate me or remind me.	7 8	always part of the final solution. Q. I'm not talking about the final solution,
9	Q. The Citibank Building in New York City where	9	I'm talking about finding the initial solution.
10	it was built and some graduate student came in later on and realized that if the wind hit it at a certain	10 11	Should they look at the cost?
11 12	angle, the the skyscraper would fail. Does that	12	MR. GOSS: Same objection. A. It it's part of the path to the approach
13	refresh your recollection?	13	of the final solution. It's one of the considerations
14 15	A. I don't recall that, no.Q. Okay. Now you agree with me that there's a	14 15	along the way. Q. Is that what you teach your students?
16	certain process that that engineers are taught when	16	MR. GOSS: Objection, form, asked and
17	there is a problem in a design.	17	answered.
18 19	A. I'm I'm not sure that's actually part of the education.	18 19	Q. So sitting here today, you don't believe you've ever taught a case a class in ethics.
20	Q. Okay. Well you agree with me when there is	20	A. As I said before, I've not taught taught
21	a problem in a design, the first thing to look at is	21	a class in ethics, no.
22	to determine who are the stakeholders. Does that	22	Q. Did you ever lecture on ethics?
	sound familiar?	23	A. I think as part of a training program for
23 24	A. Well if there's a problem in the in the	24	graduate students, yes.

	Page 106		Page 108
1	A. Our our department has a separate you	1	correct?
2	might call it short course for for providing ethics	2	A. Yes.
3	training for graduate students, and at one time I was	3	Q. It says, "Ford knows there's a problem.
4	involved in in that course. And it was, again,	4	What should they do?
5	many years ago, so I don't remember the the details	5	"Group Discussion Items."
6	of my my involvement. Q. How long ago?	6 7	Do you see that? A. I I don't do not see that.
8	A. Probably 15 years ago.	8	Q. "Ford knows there's a problem."
9	Q. Okay. Would that be a 5000- or 6000-level	9	A. Oh.
10	class?	10	Q. "What should they do?"
11	A. No, it's a separate	11	A. Yes, okay.
12	It it's not listed in the class schedule.	12	Q. "Group Discussion Items."
13	It's a separate simply ethics required course that all	13	A. Okay.
14	graduate students must attend. Or I shouldn't say	14	Q. And and this is what you're teaching your
15	course, a training.	15	students; correct?
16	MR. ASSAAD: Let's take a five-minute break.	16	A. This was a set of notes that was generic to
17	THE REPORTER: Off the record, please.	17	the course that that I used when I was facilitating
18	(Recess taken.)	18	the the course at that time.
19	(Kuehn Exhibit 6 was marked for	19	Q. And you were with a bunch of other
20	identification.)	20	professors in that course; correct?
21	BY MR. ASSAAD:	21	A. Yes.
22	Q. So marked as Exhibit 6 is a PowerPoint	22	Q. Okay. But you yourself taught this lecture
23	presentation obtained from the University of Minnesota	23	to your students; correct?
24	in the fall of 2010 titled "ME 4054: Ethics in	24	A. Apparently I did, yes.
25	Design." Do you see that?	25	Q. Okay.
	Page 107		Page 109
1		1	
1 2	A. I see that.	1 2	MR. GOSS: I'm just going to state an
2	A. I see that.Q. And it says "Prof. Kuehn" at the bottom.	1 2 3	MR. GOSS: I'm just going to state an objection that he's not being offered to provide any
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2 3	A. I see that.Q. And it says "Prof. Kuehn" at the bottom.	2 3	MR. GOSS: I'm just going to state an objection that he's not being offered to provide any
2 3 4	A. I see that.Q. And it says "Prof. Kuehn" at the bottom.A. And also was 17 years ago, which is close to my estimate of 15 years ago.	2 3 4	MR. GOSS: I'm just going to state an objection that he's not being offered to provide any opinions on engineering ethics. That's my objection. MR. ASSAAD: Okay.
2 3 4 5	 A. I see that. Q. And it says "Prof. Kuehn" at the bottom. A. And also was 17 years ago, which is close to my estimate of 15 years ago. Q. It says fall of 2010. 	2 3 4 5	MR. GOSS: I'm just going to state an objection that he's not being offered to provide any opinions on engineering ethics. That's my objection. MR. ASSAAD: Okay. Q. The first one are
2 3 4 5 6 7 8	 A. I see that. Q. And it says "Prof. Kuehn" at the bottom. A. And also was 17 years ago, which is close to my estimate of 15 years ago. Q. It says fall of 2010. A. Seven years ago. Okay. Q. Okay. A. My mistake. 	2 3 4 5 6	MR. GOSS: I'm just going to state an objection that he's not being offered to provide any opinions on engineering ethics. That's my objection. MR. ASSAAD: Okay. Q. The first one are The first question is "Who are the stakeholders?" What did you mean by that? A. I guess going back and thinking about this
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. I see that. Q. And it says "Prof. Kuehn" at the bottom. A. And also was 17 years ago, which is close to my estimate of 15 years ago. Q. It says fall of 2010. A. Seven years ago. Okay. Q. Okay. A. My mistake. Q. Okay. Does this refresh your recollection of teaching a course on ethics in design? A. This course ME 4054 is a is our senior design course, and I apparently taught that course, it must have been in fall of 2010, and Q. And A this was the looks like the set of notes I gave for that particular lecture. Q. And it was on ethics; correct? A. Yes. Q. Okay. I'd like you to turn to page six. Do you recall teaching your students about case study number one, the Ford Pinto in the 1970s? A. Apparently I must have.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	MR. GOSS: I'm just going to state an objection that he's not being offered to provide any opinions on engineering ethics. That's my objection. MR. ASSAAD: Okay. Q. The first one are The first question is "Who are the stakeholders?" What did you mean by that? A. I guess going back and thinking about this again, I mean I haven't looked at this for a long time, it probably would include the the company, the people who bought the product, and maybe other service personnel. Q. So basically the manufacturer and the consumers; correct? A. Well those would be the two main stakeholders. Q. So with respect to the Ford Pinto, the stakeholders would be the the manufacturer, Ford; correct? A. Yes. Q. The consumers that bought the Ford Pinto; correct?
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	Page 110		Page 112
1	correct?	1	A. I did not, actually. This was an outline
$\begin{array}{ c c }\hline 1\\ 2\end{array}$	A. That's that's potentially correct, yes.	2	provided to me by the overall course instructor for
3	Q. Okay. But just to refresh your	3	the design course that I then used in this particular
4	recollection, you remember the Pinto had a problem	4	lecture.
5	with the with the gas tank; correct?	5	Q. But you don't disagree with this outline;
6	A. Yes.	6	correct?
7	Q. Okay. And in certain rear-end collisions it	7	A. I do not disagree with it, no.
8	could cause it to catch on fire and explode.	8	Q. And this is also taught by the American
9	A. That that's what I recall.	9	Society of Mechanical Engineers; correct?
10	Q. Okay. And Ford knew about this problem but	10	A. Yes.
11	decided not to do anything about it; correct?	11	Q. Okay. Once you come up with a solution, you
12	A. That's what I had read.	12	go to number three and it states, "Now try to predict
13	Q. Okay. And in fact, based on this case	13	each option's impact on the stakeholders;" correct?
14	study, I'm sure that you taught your students what	14	A. That's what it says.
15	Ford did was unethical; correct?	15	Q. So, for example, in the Ford Pinto case you
16	A. Yes.	16	look at what the cost would be to Ford as well as the
17	Q. Okay. Because they put profits over safety;	17	effect they put on the safety of the consumer as well
18	correct?	18	as other people that are on the road; correct?
19	A. Again	19	A. I would think you would include all
20	MR. GOSS: Object to form.	20	stakeholders involved, yes.
21	A. Well, their approach to the problem was	21	Q. Okay. Number four is "Determine the best
22	perhaps not as expedient as as might be	22	possible course of action and explain the reasons for
23	anticipated	23	your choice;" correct?
24	Q. They ignored the problem.	24	A. That's what it says.
25	A or expected.	25	Q. Okay. And that would be a similar to a
	Page 111		Page 113
1	Page 111	1	Page 113
1 2	Q. They ignored the problem.	1 2	cost/benefit analysis; correct?
2	Q. They ignored the problem.A. I can't speak for Ford, but	2	cost/benefit analysis; correct? A. That would probably include cost, but this
2 3	Q. They ignored the problem.A. I can't speak for Ford, butQ. Okay. Under "Group Discussion Items,"	2 3	cost/benefit analysis; correct? A. That would probably include cost, but this is more than that.
2 3 4	 Q. They ignored the problem. A. I can't speak for Ford, but Q. Okay. Under "Group Discussion Items," number two, you teach your students "Propose as many 	2 3 4	cost/benefit analysis; correct? A. That would probably include cost, but this is more than that. Q. Well what else would it include?
2 3	Q. They ignored the problem. A. I can't speak for Ford, but Q. Okay. Under "Group Discussion Items," number two, you teach your students "Propose as many different alternative solutions as you can think of;"	2 3	cost/benefit analysis; correct? A. That would probably include cost, but this is more than that. Q. Well what else would it include? A. Potential time to make potential
2 3 4 5	Q. They ignored the problem. A. I can't speak for Ford, but Q. Okay. Under "Group Discussion Items," number two, you teach your students "Propose as many different alternative solutions as you can think of;" correct?	2 3 4 5	cost/benefit analysis; correct? A. That would probably include cost, but this is more than that. Q. Well what else would it include? A. Potential time to make potential modifications, could it be done quickly or if it would
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2 3 4 5 6 7 8	Q. They ignored the problem. A. I can't speak for Ford, but Q. Okay. Under "Group Discussion Items," number two, you teach your students "Propose as many different alternative solutions as you can think of;" correct? A. That's what it says. Q. And you agree with that; correct? A. Yes. Q. Okay. It says, "Do not assign any value or	2 3 4 5 6 7 8	cost/benefit analysis; correct? A. That would probably include cost, but this is more than that. Q. Well what else would it include? A. Potential time to make potential modifications, could it be done quickly or if it would take mult multiple years, for example. Q. Are you familiar with the Takata litigation? A. Say that again. Q. The Takata Takata/Takata litigation
2 3 4 5 6 7 8 9	Q. They ignored the problem. A. I can't speak for Ford, but Q. Okay. Under "Group Discussion Items," number two, you teach your students "Propose as many different alternative solutions as you can think of;" correct? A. That's what it says. Q. And you agree with that; correct? A. Yes. Q. Okay. It says, "Do not assign any value or determine the implications of this proposed solution	2 3 4 5 6 7 8 9	cost/benefit analysis; correct? A. That would probably include cost, but this is more than that. Q. Well what else would it include? A. Potential time to make potential modifications, could it be done quickly or if it would take mult multiple years, for example. Q. Are you familiar with the Takata litigation? A. Say that again. Q. The Takata Takata/Takata litigation regarding airbags?
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	Page 114		Page 116
1	that correctly?	1	course of action, you consider that to be unethical.
2	A. I believe you read it correctly.	2	A. I do.
3	Q. When you taught that to your students, what	3	Q. Go to page 14. You're familiar with the
4	did you mean by that?	4	Challenger explosion; correct?
5	A. In what it says here, and I guess I would	5	A. Yes.
6	agree with that, is whether you represent the let's	6	Q. And it was a faulty O-ring, do you recall
7	take two stakeholders, the manufacturer or the owners	7	that?
8	of vehicles, that the solution should be acceptable to	8	A. I recall that.
9	both sides.	9	Q. Okay. And in fact the potential for failure
10	Q. Okay. So basically, if you're a consumer	10	was identified in the failure mode and effects
11	that owns a Pinto, the solution should be I should	11	analysis process, but NASA management pushed for
12 13	have a car that doesn't blow up and catch on fire.	12 13	launch. Do you recall recall
14	A. Well the solution hopefully would be whatever whatever would mitigate the problem in the	14	Do you see that at the bottom? A. I see that at the bottom, yes.
15	first place.	15	Q. And you recall that; correct?
16	Q. Okay. So you're	16	A. I don't recall that detail at the time.
17	If you're the consumer, you want to drive a	17	Again, someone else put these notes together, so I
18	car that's safe; correct?	18	I would agree that's correct.
19	A. You want to make sure the problem that was	19	Q. But you were aware of the Challenger, and
20	identified had been corrected.	20	later on they found out that they pushed for launch
21	Q. And by "corrected," you mean driving a safe	21	even though they were aware of the possible failure of
22	car that the gas tank doesn't blow up.	22	the O-ring; correct?
23	A. I guess I would agree with that.	23	A. I do recall that.
24	Q. Okay. And that's what you taught your	24	Q. And so they ignored they ignored the
25	students as well. You should have a car	25	the the potential failure and decided to go for the
	Page 115		Page 117
1	Page 115 In this case the solution should be a car	1	· ·
1 2		1 2	Page 117 launch, and that was a big criticism, and determined that that behavior was unethical according to
	In this case the solution should be a car		launch, and that was a big criticism, and determined
2 3 4	In this case the solution should be a car that's driven that doesn't blow up; correct? A. I guess one could come to that conclusion, yes.	2 3 4	launch, and that was a big criticism, and determined that that behavior was unethical according to engineering standards; correct? MR. GOSS: Objection, form, foundation.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	In this case the solution should be a car that's driven that doesn't blow up; correct? A. I guess one could come to that conclusion, yes. Q. Well what's your conclusion? A. Well that that would I would I would agree with that. Q. Because as an engineer you have a fidelity, you have a fidelity to the public; correct? A. Yes. Q. Go to page eight. Do you agree with respect to the Ford Pinto that Ford decided not to change the design? A. That that didn't seem to be a wise decision. Q. And you write down, "An internal Ford memo stated that it would be cheaper to pay off possible lawsuits for resulting deaths than recall the vehicles. A cost-benefit analysis compared the cost of a \$13 repair against the monetary value of a human life." Did I read that correctly? A. I	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	launch, and that was a big criticism, and determined that that behavior was unethical according to engineering standards; correct? MR. GOSS: Objection, form, foundation. A. I I don't I don't recall the engineering-ethics part, but I do recall the the the issue. Q. If you go to page 18 or 16, you teach your students, "Compromise is not an option." Do you agree with that? A. That's what it says, and Q. That's what you taught your students. A. Yes. Q. Okay. A. Uh-huh. Q. It states, "Most engineers never encounter an ethical dilemma during your career. If you do, think it through and take advice as appropriate." Do you agree with that? A. Yes, I do. Q. And then you teach your students, "Nine of the most dangerous words in the English language are:
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	In this case the solution should be a car that's driven that doesn't blow up; correct? A. I guess one could come to that conclusion, yes. Q. Well what's your conclusion? A. Well that that would I would I would agree with that. Q. Because as an engineer you have a fidelity, you have a fidelity to the public; correct? A. Yes. Q. Go to page eight. Do you agree with respect to the Ford Pinto that Ford decided not to change the design? A. That that didn't seem to be a wise decision. Q. And you write down, "An internal Ford memo stated that it would be cheaper to pay off possible lawsuits for resulting deaths than recall the vehicles. A cost-benefit analysis compared the cost of a \$13 repair against the monetary value of a human life." Did I read that correctly? A. I You read that correctly.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	launch, and that was a big criticism, and determined that that behavior was unethical according to engineering standards; correct? MR. GOSS: Objection, form, foundation. A. I I don't I don't recall the engineering-ethics part, but I do recall the the the issue. Q. If you go to page 18 or 16, you teach your students, "Compromise is not an option." Do you agree with that? A. That's what it says, and Q. That's what you taught your students. A. Yes. Q. Okay. A. Uh-huh. Q. It states, "Most engineers never encounter an ethical dilemma during your career. If you do, think it through and take advice as appropriate." Do you agree with that? A. Yes, I do. Q. And then you teach your students, "Nine of the most dangerous words in the English language are: 'If I ignore it, maybe it will go away." Do you
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	In this case the solution should be a car that's driven that doesn't blow up; correct? A. I guess one could come to that conclusion, yes. Q. Well what's your conclusion? A. Well that that would I would I would agree with that. Q. Because as an engineer you have a fidelity, you have a fidelity to the public; correct? A. Yes. Q. Go to page eight. Do you agree with respect to the Ford Pinto that Ford decided not to change the design? A. That that didn't seem to be a wise decision. Q. And you write down, "An internal Ford memo stated that it would be cheaper to pay off possible lawsuits for resulting deaths than recall the vehicles. A cost-benefit analysis compared the cost of a \$13 repair against the monetary value of a human life." Did I read that correctly? A. I	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	launch, and that was a big criticism, and determined that that behavior was unethical according to engineering standards; correct? MR. GOSS: Objection, form, foundation. A. I I don't I don't recall the engineering-ethics part, but I do recall the the the issue. Q. If you go to page 18 or 16, you teach your students, "Compromise is not an option." Do you agree with that? A. That's what it says, and Q. That's what you taught your students. A. Yes. Q. Okay. A. Uh-huh. Q. It states, "Most engineers never encounter an ethical dilemma during your career. If you do, think it through and take advice as appropriate." Do you agree with that? A. Yes, I do. Q. And then you teach your students, "Nine of the most dangerous words in the English language are:

Page 120
Page 120 1 Q. Did you understand my question? 2 A. Could you repeat it? 3 Q. You would expect a reasonable, prudent 4 corporation to identify solutions to potential 5 problems with their products; correct? 6 A. Yes. 7 Q. You understood the question; correct? 8 A. Yes. 9 Q. And you agree with that statement; correct? 10 A. Yes. 11 Q. And then we just discussed before, in 12 identifying solutions in the initial brainstorming you 13 should not consider cost. 14 A. That's what I said, and I still agree with 15 that. 16 Q. Okay. Engineers and corporations should not 17 ignore research conducted by other scientists with 18 respect to the safety of the company's product. Do 19 you agree with that?
MR. GOSS: Object to form, incomplete hypothetical. A. I would think that would be prudent. Q. So you agree with that statement. A. Yes. Q. An engineer should not ignore apparent
Page 121
MR. GOSS: Objection, vague. A. Could you define "apparent?" Q. Well if there's a problem they're aware of, an apparent problem, they know of a problem or a potential problem, they should not ignore it. A. Potential problems are difficult to anticipate, so I would I would think they should be aware of actual problems that are brought to their attention. Q. So apparent. They should be They should not ignore an apparent problem. A. If they're aware of a real problem that exists. Q. Okay. Do you agree with me that engineers and corporations should not ignore apparent problems by dismissing or criticizing safety issues raised by peer-reviewed studies? MR. GOSS: Object to form, incomplete hypothetical. A. Can you repeat that, please? Q. Engineers should not ignore apparent problems by dismissing or criticizing safety issues raised by peer-reviewed studies. MR. GOSS: Same objection.

Page 122 Page 124 Q. Do you understand that question? in the -- that are sold in the -- in the market? 1 1 A. I -- I think I do. 2 2 A. I may have. I can't recall. I think like an engineer should take those 3 3 Q. Okay. But if you had been provided, that would be on the list of Exhibit E of Exhibit 1 of this into consideration when making any -- any judgments. 5 Q. Well, for example, if a study comes out and 5 deposition; correct? 6 states that a company's product is defective or 6 A. It may have just been discussions with 7 unsafe, a company should not ignore that study. 7 counsel. 8 MR. GOSS: Objection, incomplete 8 O. Okay. Well do you recall any type of 9 warnings provided by other manufacturers, sitting here hypothetical. 10 10 A. Again, if they're made aware of it, I -- I today? would agree with that. 11 11 A. Not off the top of my head, no. 12 Q. Now when designing a device, engineers 12 Q. You agree with me that when engineers 13 should take into account warnings of other similar 13 determine the safety of a device, they should not 14 devices that are in the market; correct? 14 consider potential litigation. MR. GOSS: Same objection. A. I -- I think an engineer should -- should do 15 15 A. I think one -- I think one -- one should be 16 that, yes. 16 aware of potential similar products --Q. Should not consider potential litigation 17 17 Q. Okay. when determining the safety of a device; correct? 18 18 A. I think they should make the device as safe A. -- and -- and issues associated with them. 19 19 Q. And the warnings of those products given by as -- as is feasible from an engineering standpoint. 20 20 21 out -- by those products; correct? 21 Q. Litigation should have nothing to do with 22 A. Again, the --22 that situation: correct? 23 MR. GOSS: Objection to form and lack of 23 A. I would think not. foundation. I'd also object that he's not being Q. Okay. Now my understanding is you've only 24 24 offered to provide opinions on warnings. 25 reviewed three articles with respect to the Bair 25 Page 123 Page 125 You can answer if you can. Hugger -- with respect to the Bair Hugger; correct? 1 A. Repeat that, please. A. I -- I believe that's correct. 2 2 3 Q. Engineers should take into account warnings 3 Q. Okay. And that is going to be the three -of other similar devices in the field. the last three items on Exhibit E, correct, of 4 4 5 5 MR. GOSS: Same objection. Exhibit 1? 6 A. If they're --6 A. Let me look at Exhibit 1 here. 7 It depends how -- how close the other 7 I believe that's correct. devices are to their device, and again, being aware of 8 O. You have not reviewed any of the Andrew Legg any issues that have resulted -- that have developed. 9 9 studies: correct? 10 Q. Well if you have a forced-air warming device 10 A. I have not. made by 3M and a similar device made by another Q. And are you aware that Andrew Legg did the 11 11 company that warns of a certain risk, the 3M engineers particle testing and -- and -- on the Bair Hugger? 12 12 should be aware of the other device's warnings and 13 A. I was not aware of that, no. 13 Q. Okay. You have not reviewed the published 14 determine whether or not they're typical to the device 14 that they're manufacturing; correct? 15 literature by Dr. McGovern and Dr. Reed; have you? 15 MR. GOSS: Same objection, beyond the scope A. The Reed article at the very end I have. 16 16 of what he's being offered to testify to. Q. Okay. But that dealt with the -- with the 17 17 A. I think a prudent engineer should be aware evaluation of the intake filtration: correct? 18 18 19 of that, and whether that makes --19 A. Yes. 20 The decision has to be made by somebody 20 Q. Okay. But you haven't read the McGovern 21 whether it's really going to affect their product or 21 article dealing with neutral buoyancy bubbles as well 22 22 as infection rates; have you? not 23 Q. Were you provided any warnings in your 23 A. I -- I do not believe so, no. review or in the formulation of your opinions with Q. Okay. You have not read an article by 24 24 25 respect to other patient warming devices that are used Dasari with respect to temperature measurements around

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Page 126 the operating room or above the surgical table when 1 2 the Bair Hugger was turned on as compared to when it was turned off; correct? A. I have not. 5 Q. You have not looked at the Sessler article 6

regarding particle tested -- particle testing in a unidirectional operating room in Holland that was actually done, conducted by 3M.

MR. GOSS: Object to form.

- A. I don't -- don't recall that, no.
- Q. You haven't read the Brandt article;
- 12 correct?

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- 13 A. No.
- 14 Q. You haven't read -- have you -- were you 15 provided --

Have you read the Huang article on bacteria testing in an operating room when the Bair Hugger is on as compared to when the Bair Hugger is off?

- A. No, I have not. 19
- 20 Q. Have you read the Moretti article, which is 21 a similar article doing bacterial testing -- or
- 22 biological testing in an operating room when the Bair
- 23 Hugger is on as compared to when the Bair Hugger is off? 24
- 25 A. No, I have not.

the filter is appropriate for the Bair Hugger in your opinions, you're not taking into account whether or not the filter is seated well into the Bair Hugger; correct?

Page 128

Page 129

A. I've actually looked at -- at both models of Bair Hugger, the earlier one and the later one, and I've taken the filters out and put them back in, so I know what the seals are like, and in my best professional opinion they are well sealed.

Q. So you -- so you believe -- it's your opinion that the 505 --

You looked at the 505 and the 750?

- A. I believe it was the 775.
- 14 Q. 775, which has similar indications with the 750. 15
 - A. Yes.
 - Q. So you looked at the 505 filter?
 - A. Yes.
- 19 Q. And it's your opinion that the -- the --
- all the air that goes -- that comes out of the Bair 20
- 21 Hugger is filtered through the filter?
- 22 A. In the 505 there's some other holes near the 23 top of the case which may communicate between the out -- outside air and in -- inside of the case. I'm 24
- 25 not prepared to -- to state definitively everything

Page 127

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goes through the filter.

- Q. Well if -- if air that is blown through the 2 3 Bair Hugger device is not 100 percent filtered through the filter, would you agree with me that that's a design defect?
 - A. Not necessarily.
 - Q. Why not?
- A. Because filters are lost in other parts of 8 the system even if they do pass the filter. 9
 - Q. You said filter is lost in other --
- A. Par -- particles are lost in other parts of 11 the airflow path before they leave the system through 12 13 the holes in the blankets.
 - Q. When you say they're lost to the air -airflow path, what do you mean by that?
 - A. They're deposited on various surfaces as they're carried along by the airflow if they were to pass the filter.
 - Q. Can you -- did you test --

20 Did you take apart the Bair Hugger, or just 21 took off the filter?

- 22 A. I took off the filter.
- 23 O. Okay. And that's both the 750 and the 775?
- 24 A. That's correct.
 - Q. Okay. And did you test to see whether or

Q. By the way, these were all peer-reviewed literature. You're aware of that; correct?

A. If you say that. I'm not aware of the 3

4 citations.

Q. Have -- have you reviewed the letter by 5 Farhad Memarzadeh ---

MS. ZIMMERMAN: Memarzadeh.

MR. GOSS: Memarzadeh.

- Q. -- Memarzadeh that was a letter to the editor of the Moretti article talking about his CFD analysis?
- A. No, I have not.
- 13 Q. Have you --

Were you provided with an e -- an internal e-mail by 3M talking about whether or not air goes through -- gets into the system or bypasses the filter when it gets into the -- to the Bair Hugger system? Are you aware of that e-mail?

A. I do not recall that, no.

20 Q. Okay. Were you provided schematics of -- of 21 the Bair Hugger and the tolerances of where the filter 22 fits in, where the seat of the filter is?

A. I do not recall seeing tolerances of the 23

filter, filter fit or -- no. 24

Q. So when you're determining whether or not

	Page 130		Page 132
1	not there was any leakage in the 775?	1	case?
2	A. I did no tests for leakage, no.	2	A. I do not think so.
3	Q. Okay. Have you looked at other patient	3	Q. Did you re did you review the 510(k)
4	warming devices?	4	application for the 505 that was submitted to the FDA?
5	A. I have not.	5	A. I have not seen that, no.
6	Q. Have you have you looked at the older	6	Q. Would it surprise you that in the 510(k)
7	models of the Bair Hugger, the 200 series?	7	application they actually warned, as one of the
8	A. No, I have not.	8	warnings of the device, that there was a risk of
9	Q. Have you looked at the Mistral that uses a	9	airborne contamination?
10	HEPA filter?	10	A. I I have I have no opinion on that. I
11	A. I have not.	11	have not read the document.
12	Q. Are you aware that other patient warming	12	Q. I understand that. But would you be
13	devices use a HEPA filter?	13	Would that affect your opinions in any way?
14	A. I have heard that that that unit does.	14	A. No.
15	Q. So you're aware that the Mistral uses a HEPA	15	Q. Okay. So the mere fact that 3M admits that
16	filter.	16	when the Bair Hugger is on, every single study
17	A. I I've I've been told by counsel.	17	indicate more particles and that they've warned about
18	Q. Okay. Are you aware that the Warmtouch	18	airborne contamination in older devices as well as the
19	Are you aware of the Warmtouch device?	19	505 to the FDA, that would have no bearing on your
20	A. I am not.	20	opinions in this case.
21	Q. Are you aware that that device uses a HEPA	21	MR. GOSS: Objection to form.
22	filter?	22	A. Not not based on the the information
23	A. I'm not aware of that.	23	I've reviewed.
24	Q. In your results, would you agree with me	24	Q. And it is possible that your methodology is
25	that you did not perform a an analysis to determine	25	incorrect and the other ones are correct in
	Page 131		Page 133
1	whether or not the values that you've obtained were	1	MR. GOSS: Objection.
2	statistically significant; correct?	2	Q in getting the results; correct?
3	A. I did not do a statistical analysis, that	3	MR. GOSS: Object to form.
4	that's correct.	4	A. It it's possible.
5	Q. So would you agree with me that a a peer-	5	Q. I mean you did not perform any statistical
6	reviewed article that actually did calculations to see	6	analysis to see whether or not your results were even
7	whether the results are statistically significant have	7	statistically significant; correct?
8	more weight than your expert report on the same	8	A. As I said before, I did not do any
9	issues?	9	statistical analysis.
10	A. It really depends on the expertise of the	10	Q. You only you only took one temperature
11	researchers and the reviewers as to whether the	11	measurement for each of the times listed on Exhibit B;
12	methodology was correct, the results are are	12	correct?
13	correct.	13	A. That's not correct. I took multiple
14	Q. But you don't know one way or the other	14	temperature measurements at some locations.
15	sitting here today; correct?	15	Q. Yeah. But you listed the different times of
16	A. Without without looking at the at	16	those temperature measurements; correct?
17	actual reports and reviewing them myself, no.	17	A. Yes.
18	Q. And you were not provided any of those	18	Q. Okay. And you did not
19	reports or literature by 3M; correct?	19	You only did one test; correct? You didn't
20	A. Other than what's listed in my list, no.	20	do this multiple times; correct?
21	Q. Were you aware that in the older models of	21	A. One one day.
22 23	Bair Hugger, that they actually warned for airborne	22	Q. One day. Okay.
	contamination when using the Bair Hugger?	23	By the way, who is the patient who was
	A I was not aware of that	24	laying down on the on the in on the table?
24 25	A. I was not aware of that.Q. Would that affect your opinions in this	24 25	laying down on the on the in on the table? A. It's a mannequin. I don't remember his

	Page 134		Page 136
1	name.	1	A. Again, the engineer is working in a group,
2	Q. Okay. So it was a mannequin?	2	typically a design group with management, safety
3	A. Yes.	3	people. I'm not sure how much information would
4	Q. Okay. Now according to your results, you	4	actually be obtained by the by the engineer and how
5	would not expect increased particles over the surgical	5	the engineer would would know how to respond.
6	site when the Bair Hugger is turned on; correct?	6	Q. Well let's take it as a corporation then. A
7	A. That's correct.	7	corporation
8	Q. You understand that particles are very	8	It would be unethical for a corporation not
9	important to surgeons in an operating room; correct?	9	to warn a consumer of a device of potential risks;
10	A. I would think a subcategory of particles	10	correct?
11	would be if they're carrying bacteria, yes.	11	MR. GOSS: Same objections.
12	Q. I understand that. But if you have zero	12	A. Depends on what the perceived risks would be
13	particles, you're going to have zero bacteria.	13	and and how important they would be to the to
14	MR. GOSS: Objection.	14	the product.
15	Q. A bacteria is a particle; correct?	15	Q. Well, so if 3M informs the FDA that there's
16	MR. GOSS: Object to form.	16	a potential for airborne contamination in using the
17	A. Well aerosolized bacteria is an aerosol	17	device but they didn't warn the consumers, the doctors
18	particle, yes.	18	of the hospitals, of the potential risk, that would be
19	Q. Okay. And and I mean even in a clean	19	unethical; correct?
20	room, that's why you check for particles because	20	MR. GOSS: Same objection, lack of
21	you you know, you might not know what the particle	21	foundation,
22	is, but it may may or may not be something bad;	22	A. Again, it
23	correct?	23 24	MR. GOSS: assumes facts.
24 25	A. Yes.	25	A. It would depend on the level of risk.
23	Q. Okay. Same thing in an operating room. You	23	Q. Okay. And to understand the level of risk,
	Page 135		Page 137
1		1	
1 2	want to reduce the	1 2	you would have to understand the requirements of the
2	want to reduce the The purpose of an operating room is to	2	you would have to understand the requirements of the orthopedic surgeon in this case with respect to what
2 3	want to reduce the The purpose of an operating room is to reduce the number of particles over the surgical site	2 3	you would have to understand the requirements of the orthopedic surgeon in this case with respect to what would be a risk that would be acceptable.
2 3 4	want to reduce the The purpose of an operating room is to reduce the number of particles over the surgical site because that's the belief, that if you reduce	2 3 4	you would have to understand the requirements of the orthopedic surgeon in this case with respect to what would be a risk that would be acceptable. MR. GOSS: Same objection.
2 3 4 5	want to reduce the The purpose of an operating room is to reduce the number of particles over the surgical site because that's the belief, that if you reduce particles, you're going to reduce colony-forming units	2 3 4 5	you would have to understand the requirements of the orthopedic surgeon in this case with respect to what would be a risk that would be acceptable. MR. GOSS: Same objection. A. Again, I'm not sure who would make the
2 3 4 5 6	want to reduce the The purpose of an operating room is to reduce the number of particles over the surgical site because that's the belief, that if you reduce particles, you're going to reduce colony-forming units over the surgical site; correct?	2 3 4 5 6	you would have to understand the requirements of the orthopedic surgeon in this case with respect to what would be a risk that would be acceptable. MR. GOSS: Same objection. A. Again, I'm not sure who would make the judgment call as to what what risk would be
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Page 138 Page 140 AFTERNOON SESSION that's using the clean room; correct? 1 A. That's the purpose of the clean room, yes. 2 BY MR. ASSAAD: 2 3 3 O. Okay. And the same thing for an operating Q. Are you ready to continue? 4 A. I am. room, it's relevant information of how well the 5 Q. Before we begin, is there anything that you 5 filtration is and the quality of the filters being 6 want to change in your testimony that's been given to 6 used. 7 date -- given to date at this time? 7 MR. GOSS: Object to form. 8 8 A. Not that I know of, no. A. I'm not --Q. Okay. Now you agree with me that an 9 9 I can't comment on all equipment in the -engineer or a company should not hide relevant 10 10 in the hospital. I can comment on the filters information from customers; correct? supplying the air to the room. 11 11 12 A. Well I guess it depends on what you mean by 12 Q. But you understand --13 "relevant." 13 Well how does a clean room work? 14 Q. Well if -- if there's certain information 14 A. Well a clean room tries to provide clean air 15 that a customer wants regarding, say, for example, 15 that meets minimum requirements, and that clean air then passes through the critical areas of -- of the filtration efficiency of the Bair Hugger filter, 3M 16 16 room and hopefully pretense -- prevents contamination. should not hide that information from them; correct? 17 17 MR. GOSS: Objection, form. Q. And what would be the critical area in an 18 18 A. It would de -- it would depend on whether 19 19 op -- in a clean room? there's competitive issues between different product 20 20 A. In a semiconductor-manufacturing clean room 21 manufacturers; for example, one would not want to 21 I'm most familiar with, it's the top surface of the 22 release proprietary information that may give them a 22 clean bench where wafers are being processed. 23 competitive disadvantage. 23 Q. Okay. And based on your work on this case, Q. Are you aware of any situation where a what do you consider the critical areas in an 24 24 25 filter efficiency used in a product is proprietary 25 operating room? Page 139 Page 141 information? 1 A. I would say the most critical area is probably the surgical zone. 2 MR. GOSS: Objection to form, foundation. 2 3 A. I -- I cannot think of anything, no. 3 Q. What about the table where the equipment Q. Okay. And you agree with me that hospitals, 4 4 sits and the instruments? when they use medical devices in their operating 5 5 A. I would say that's not as important as -- as rooms, might want to know the filter efficiency of a 6 the -- the surgical site. 7 Bair Hugger device; correct? 7 Q. But you believe it's important though. 8 8 MR. GOSS: Objection to form, foundation. A. I think everything in an OR should be as --9 He doesn't work in a hospital. 9 as clean as -- as minimum requirements dictate. 10 A. I -- I -- again, I don't -- I don't know how 10 O. Now as a manufacturer of -- of the Bair Hugger device, if a customer is evaluating a device to 11 to answer that. 11 be used in the operating room, such as the Bair 12 Q. You've worked on clean rooms before; 12 Hugger, and wants to know what the filter efficiency 13 correct? 13 14 A. Semiconductor-manufacturing clean rooms. 14 is, do you think the company should provide that 15 Q. And actually, one of the students 15 information to the customer? MR. GOSS: Objection to form, beyond the 16 actually --16 17 You worked -- worked on a case for doing 17 scope of his opinions. A. As I said before, it depends on what the 18 numerical -- a numerical simulation of airflow and 18 19 airborne pathogen transport in a -- in a operating 19 company perceives to be proprietary information and 20 room: correct? 20 whether that -- they should divulge that or not. 21 A. It may have been a patient isolation room or 21 Q. Do you know whether or not 3M perceives the 22 patient protection room. 22 filter efficiency as proprietary? 23 Q. Okay. And you're aware -- you're aware 23 A. I cannot comment on that. that, especially for clean rooms, that filtration and Q. Do you know that 3M --24 24 particle -- particle flow are relevant to the company 25 You've read the manual for the 775; correct?

	Page 142		Page 144
1		1	
1	A. Yes.	1	high efficiency for bacteria; correct? A. That's
2 3	Q. And it states it uses a .2 high-efficiency filter; correct?	2 3	Yes.
4	A. I do not recall that level of detail without	4	Q. Okay. So there's no really
		5	There's no information, technical
5	seeing a document in front of me. Q. Well in the you you work	_	information you could get from the term "high
6 7	You've worked with ASHRAE 52.2; correct?	6	efficiency" unless you know for what particle size and
8	A. That's correct.	8	the percentage of efficiency; isn't that correct?
9	Q. And you've actually you actually have a	9	A. I would need that information to to
10	test lab for ASHRAE 52.2 that meets the standards of	10	quantify the performance, yes.
11	that of the testing for the filtration; right?	11	Q. And you need to quantify it before you could
12	A. That's correct.	12	deem it as high efficiency; correct?
13	Q. Okay. When you say "a high-efficiency	13	MR. GOSS: Object to form.
14	filter," does that have any meaning in the engineering	14	A. I would think so, yes.
15	world?	15	Q. So if you hear the term ".2 high
16	A. In terms of the filtration I'm most familiar	16	efficiency," does that give you any information "a
17	with, which is building ventilation filtration, it	17	.2 micron high efficiency filter," does that give you
18	means a fairly high MERV number.	18	any information as to what the efficiency is at .2
19	Q. When you say "high MERV number," can you	19	microns?
20	give me a range?	20	A. It it does not give me any quantitative
21	A. Probably 13, 14.	21	information, no.
22	Q. Okay. And when you say it's a .2	22	Q. Would you consider a filter that only has a
23	high-efficiency filter, what does that mean?	23	60-percent filter efficiency for for .2 microns
24	A. I am not quite sure what that means. It	24	high efficiency?
25	doesn't relate to the ASHRAE Standard 52.2 that I base	25	A. Again, the "high efficiency" term depends
	Page 143		Page 145
1		1	
1 2	most of my research on.	1 2	on on the size particle it's being used against and
2	most of my research on. Q. So you agree with me that the term "high	1 2 3	on on the size particle it's being used against and what the application is.
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	Page 146		Page 148
1	design what type of filter to use; correct?	1	I'm not an orthopedic surgeon.
2	A. That's correct.	2	Q. Well let's assume that orthopedic surgeons
3	Q. Assuming that 3M admits that every single	3	care about particles and any increase in particles
4	study performed by 3M or other researchers indicate	4	over the surgical site for this question. Fair
5	that when the Bair Hugger is turned on it increases	5	enough?
6	the particles over the surgical site, do you believe	6	A. We'll make that assumption, yes.
7	that is relevant information that a consumer of the	7	Q. Okay. Do you agree with me that if 3M is
8	Bair Hugger should know?	8	aware that the Bair Hugger increases particles over
9	MR. GOSS: Object to form.	9	the surgical site, that that's relevant information
10	A. Just saying the particle concentration is	10	they should inform their customers?
11	increased does not does not infer potential	11	MR. GOSS: Objection to form.
12	hazards; for example, biological particle-number	12	A. Again, following the assumption we've made
13	increase.	13	earlier, yes.
14	Q. That wasn't my question, sir. Do you	14	Q. Okay. And did you ever look into the
15	believe the	15	issue well you've never heard about the
16	Do you agree that the consumer of the Bair	16	3M never provided any of these studies,
17	Hugger is going is is	17	correct,
18	3M knows that it's going to be used in an	18	MR. GOSS: Objection, vague.
19 20	operating room; correct? A. Yes.	19 20	Q regarding particle counts?A. None other than what I've listed in my in
21	Q. And the purpose of the operating room as	21	my report.
22	well as the clean room is to reduce the particle	22	Q. Well none of the studies listed in your
23	counts over the critical areas; correct?	23	report deal with particle counts over the surgical
24	MR. GOSS: Object to form.	24	site; correct?
25	A. You're saying infectious particle counts.	25	A. I'd have to go back and and look to make
	Page 147		Page 149
1	Q. Yes. But infections travel on particles;	1	sure.
2	correct?	2	Q. Well are you aware sitting here today that
3	A. Yes.	3	there are any studies
4	Q. Okay. And that's something relevant to	4	I mean you haven't read the McGovern study; correct?
5	people that design operating rooms and people that use operating rooms; correct?	5 6	A. That's correct.
6 7	A. Yes.	7	Q. And you haven't read any of the Legg
8	Q. Okay. And the fact that increased	8	studies; correct?
9	particles strike that.	9	A. That's correct.
10	You would agree with me that surgeons as	10	Q. Okay. And are you aware that 3M has done no
11	well as hospitals do not want to increase particles	11	studies internally with respect to whether or not the
12	over a surgical site; correct?	12	Bair Hugger increases particle counts?
13	MR. GOSS: Lack of foundation.	13	A. I have no information on that.
14	A. I I really don't I	14	Q. Assuming that when the Bair Hugger is turned
15	I'm not a surgeon. I don't have an opinion	15	on there is an increase in particle counts over the
16	on that.	16	surgical site, does that have any relevance to your
17	Q. You agree that in clean rooms, the	17	opinions?
18	manufacturers that use the clean rooms do not want	18	A. Again, as I said, increase of particles
19	increased particles over the critical areas; correct?	19	could represent a particle that has nothing to do with
20	A. That statement is correct, because almost	20	surgical infections.
21	any particle of any size would be detrimental.	21	Q. I'm not talking about surgical infections,
22	Q. Okay. Do you know whether or not orthopedic	22	I'm talking about the fact that when the Bair Hugger
23	surgeons consider increased particles over the	23	is off there is X amount of particles and when the
23 24 25	surgeons consider increased particles over the surgical site relevant? A. I I have no direct information on that.	23 24 25	Bair Hugger is turned on there is X plus Y particles over the surgical site, an increase. Does that have

Page 150 Page 152 any relevance to your opinions today? the surgical site, I turn the Bair Hugger on and there 1 A. I'd have to look at the reports and the -is a significant increase in particles, statistically 2 2 3 and the data collected in order to evaluate whether it significant, -would be important or not. 4 Okay? Q. Well what would you need to look at? 5 5 A. Okay. 6 A. I would need to look at their methodology 6 Q. -- what would be the cause of that? 7 and their data-collection techniques and -- and data A. Again, if it's a carefully controlled study, 7 8 it -- it could be sole -- solely due to the Bair reduction. 9 9 Q. Are you familiar with TSI? Hugger. A. I am. 10 10 Q. Well if the only difference is Bair Hugger off, Bair Hugger on, that's the only thing that's 11 Q. Are you -- are you -- are you familiar with 11 their particle counters? changed, what other cause could it be? 12 12 13 A. Yes. 13 MR. GOSS: Objection, incomplete 14 Q. Do you think they're accurate particle 14 hypothetical. counters? A. Again, it could be differences in other --15 15 A. When they're used appropriately and --16 other conditions. 16 Q. Well the only condition that's changed is 17 17 the Bair Hugger on and Bair Hugger off. What other 18 Q. Okay. And if -- you agree --18 And if the setup is identically -- is conditions could change in an operating room? 19 19 identical, so the particle counter is in the same A. Again --20 20 21 place, same setup in an operating room, the only 21 MR. GOSS: Object to the form. 22 difference is Bair Hugger off and Bair Hugger on, and 22 A. Again, the methodology used could bias the 23 you see an increase, would that -- would that affect 23 particle counts towards -- towards one size or your opinions in this case? another. So total particle counts coming into the 24 24 25 A. No. 25 sampler could remain the same, but their size is Page 151 Page 153 Q. Why not? 1 different. That could result in different outputs A. Because I don't think it has -- has a from the -- from the instrument. 2 2 3 bearing on the infectious particles that are going to Q. Have you ever heard of a DIN standard? 4 be causing the concern associated with this case. 4 A. Yes. 5 Q. But sitting --5 Q. Have you -- have you heard of the DIN Why do you say it doesn't have a bearing on 6 standard before today -- before getting involved in 6 7 the infectious particles? What's your basis behind 7 this case? A. Yes. 8 8 that? Q. How do you know about the DIN standard? 9 A. Because an increase in particle size -- or 9 10 increase in particle numbers, again not being defined 10 A. I'm -- I'm peripherally aware of it. I at this point, could be just increases in very small don't know very much about the details. 11 particles, which is perhaps the case, with -- with Q. Okay. Have you reviewed the DIN standard 12 12 nothing -- nothing correlated to hospital infections. 13 before? 13 14 Q. But you're not a hospitalist or an 14 A. I don't believe I have. infectious disease expert; correct? 15 Q. Well do you have any reason to disagree with 15 A. I'm not, yes. its methodology? 16 16 Q. But would it at least indicate to you that A. Not having looked at it, no. 17 17 Q. Okay. And that's a standard that -- that 18 the Bair Hugger has an effect on the HVAC system in 18 19 the operating room? 19 evaluates operating rooms and its effect -- its 20 MR. GOSS: Object to form, --20 protective effect of removing particles; correct? 21 21 A. Again, not --22 MR. GOSS: -- calls for speculation. 22 MR. GOSS: Object to form. 23 A. It may have. 23 A. -- having read the document, I don't know. Q. Well from an engineering standpoint, I have Q. Well assuming the study was properly done 24 24 X amount of particles with the Bair Hugger off over 25 and there was an increase in particles as a result of 25

Page 154 Page 156 their body during a surgical operation? the Bair Hugger, is it your testimony today that that 1 1 has no effect on your opinion that the Bair Hugger has A. I don't think a patient would have any idea 2 2 3 no effect on the airflow in an operating room? of that, unless they're involved in the procedure MR. GOSS: Asked and answered. somehow. 5 A. And I think I've already answered that. 5 Q. The fact that 3M admits that every study 6 Q. Please answer it again. 6 indicates that the Bair Hugger increases the particle 7 A. I -- I -- I will stand by my opinion. 7 count over the sterile -- ster -- sterile field and 8 8 that they have no internal studies to refute that has O. Which is? A. Which is the Bair Hugger has negligible no bearing on your opinion today? influence on the airflow near the surgical site. 10 MR. GOSS: Object to form. 10 Q. That wasn't -- that wasn't my question, sir. A. Not having seen all the studies, no, I can't 11 11 12 Please answer my question. 12 comment on that. 13 My question is: Assuming that the 13 Q. Well this is what 3M admits in a 30(b)(6) 14 methodology and the peer-reviewed studies are correct 14 corporate representative deposition. They admit that and that there is an increase in particles over the 15 15 all the studies -surgical site when the Bair Hugger is on as compared 16 They didn't say they're incorrect. They 16 to when it's off, are you saying, your testimony 17 said all the studies indicate this and they have no 17 today, that it has no effect on your opinion that the data to refute that. That has no bearing on your 18 18 Bair Hugger has a negligible effect on the surgical 19 opinion today? 19 20 20 MR. GOSS: Objection to form, lack of 21 MR. GOSS: Objection to form, calls for 21 foundation. 22 speculation without seeing the study. 22 A. Again, not having seen the data, I -- I do 23 A. Again, I would stand by my -- my testimony. 23 not want to comment. Q. Which is?A. Which is -- which is no. 24 24 MR. ASSAAD: I'm not going to mark this, but 25 25 can we put this on the screen? Page 157 Page 155 Q. Okay. So it will have no effect on your 1 THE VIDEOGRAPHER: Put it in front of the 2 testimony. 2 witness. 3 A. Yes. 3 Q. Take a look at the highlighted area and read 4 Q. Okay. Are you aware that 3M did not want to 4 it aloud for the record. disclose the filtration level of its filters to its 5 5 A. Okay. I'm reading what -- what it says, page 258. It says: 6 customers? 7 MR. GOSS: Objection to form. 7 "Q. Okay. Based on the data that we have today, including the study funded by 3M as well as 8 A. I -- I did not know that. 8 other studies, every single study indicates that the 9 Q. Do you think that's ethical? 9 10 Bair Hugger increases the particle count over the MR. GOSS: Objection to form, beyond the 10 scope of his opinions in this case. 11 sterile field: correct?" 11 A. As I mentioned before, it depends on a 12 12 This is A. in bold: "In absolute numbers, number of factors, including any proprietary yes." 13 13 14 information. 14 And then: "Q. Yes. Okay. And you have no Q. You don't think a hospital has a right to 15 internal studies to refute that; correct?" 15 And there's "A. No, we don't." know what the filtration of a filter is in a medical 16 16 device that's used in the operating room? Q. And you're sitting here today and your 17 17 MR. GOSS: Objection to form. He's not here testimony is that as a corporate statement by 3M under 18 18 19 to testify about anybody's rights. 19 penalty of perjury in this litigation, that in -- that 20 Q. Is that what you're saying here? 20 information would have no effect on your opinion today A. Again, I -- I -- I cannot comment on a 21 21 whether or not the Bair Hugger has any effect on the 22 hospital's position. 22 airflow in an operating room. 23 Q. As a patient, do you think a patient would 23 MR. GOSS: Asked and answered. want to know whether or not a filter is fil --A. I would request to see the actual results 24 24 25 filtering bacteria from a device that blows air on 25 myself.

	Page 158		Page 160
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	 Q. Did you ask for the any data? A. I did not know they existed, so no, I did not ask for them. Q. It's not enough for you that 3M admits it in a in a under penalty of perjury? MR. GOSS: Objection to form, asked and answered. A. I think I've answered that already. Q. So it's not important that 3M admits it to you? Well is there anything that let Let's be honest, doctor. It's quite clear that you're finding out for the first time other studies and other information regarding the issues in this case that have not been provided to you; correct? MR. GOSS: You can answer. A. Yes. Q. And you agree that to be objective in formulating opinions, that you should have all the studies and all the information relevant to the issues of your opinions; correct? A. All the information that that I think is important, yes. Q. And other studies by 3M as well as other 	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	The first message is on page 89, the one ending in 89. A. Okay. Q. I want you to read the sentence regarding from Mark Morken to Scott Waite and Michelle Stevens. It states on the second line A. Wait. Where are you? Q. First page. Well first of all, if you look at the subject, it states "Message to address safety and efficacy of forced air warming." Do you see that? A. At the top of the first page, yes. Q. Yes. And I and I and I represent this is They're discussing whether or not to do the study to determine the safety and efficacy of forcedair warming in this e-mail, based on the subject. A. Something dealing with safety and efficacy, yes. Q. And the response by 3M is, "What are What are his findings and own data? Also we would need to really understand what type of study is being proposed. Giving Given the ongoing legal situation, decisions were made previously (at a high
25	researchers regarding the effect of the Bair Hugger on	25	level) not to pursue clinical research work on this
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	the airflow in an operating room is relevant in this case; isn't it? A. Yes. Q. Especially ones done by 3M, which you can't even claim any bias towards because it was conducted and funded by 3M. MR. GOSS: Objection to form. Q. Do you agree? A. I agree there's there's no bias associated with that. Q. Okay. (Kuehn Exhibit 7 was marked for identification.) BY MR. ASSAAD: Q. Marked as Exhibit 7 is an e-mail chain between Michelle Stevens, Mark Scott, Ms. Soria, Scott Waite, and Mark Morken. I I assume, Dr. Kuehn, that you've never seen this document before; correct? A. That's correct. Q. Okay. If you want a	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	topic." A. I see that. Q. Did I read that correctly? A. Yes. Q. Remember we talked about previously that it would be unethical for an engineer to to not do research regarding the safety of a device solely based on litigation? MR. GOSS: I'm going to object to form on the ground that he's not offering any opinions on clinical research or research ethics or engineering ethics. Q. Do you recall that conversation? A. I do. Q. Do you agree with me that for a company to allow litigation to to prevent them from doing research on the safety and efficacy of a device is unethical? MR. GOSS: Also going to object to lack of foundation with this document. A. Well again, "decisions were made(at a
22 23 24 25	Do you want a minute to review this document, or I'll just ask you some questions? A. Let me just quickly page through it. MR. GOSS: Looks like it starts on	22 23 24 25	high level)," I don't I don't see the direct correlation to any engineers there. Q. So if it's not an engineer it could be ethical, but if it's an engineer it could be

	Page 162		Page 164
1 2 3 4 5 6 7 8	unethical; is that your testimony? MR. GOSS: Same objection, it's also argumentative. A. I thought you were referring to engineering ethics. Q. Well engineers make devices; correct? A. Yes. Q. Okay. So assuming that there are engineers	1 2 3 4 5 6 7 8	Page 164 MR. GOSS: What's what's the question? A. Yes. What Q. Remember the question I asked you: Engineers should not take into account oh, strike strike that. Engineers, in determining the safety of a device, should not consider potential litigation, and you agreed with that statement?
9 10 11 12 13 14 15 16	at a higher level, do you agree that it would be unethical to to not pursue research on the safety and efficacy of a device based on on an ongoing legal situation? MR. GOSS: Same objections. A. The last sentence says, "Given the ongoing legal situation" I'm not aware of the legal issues that would be involved in this and how that would play	9 10 11 12 13 14 15 16	A. I I I may have. MR. GOSS: Improper impeachment. A. I I I If it was a statement I made earlier today, I would have to go back and look at the record. Q. Do you think your answer is different now since you've seen this document? MR. GOSS: Objection to form, improper
17 18 19 20 21 22 23 24 25	into the the decision. Q. It's this case. That's the legal situation. Okay? A. Yes. Q. Assume that. And assume it says "not to pursue clinical research work on this topic," and we could agree that the topic is "Message to address safety and efficacy of forced air warming." MR. GOSS: Object to the witness's complete	17 18 19 20 21 22 23 24 25	impeachment. A. I don't I don't think my answer would be different. Q. Do you remember testifying earlier that a company engineers and their company should not suppress research regarding the safety of a device? A. I believe I said that, yes. Q. Okay. (Kuehn Exhibit 8 was marked for
	Page 163		Page 165
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	lack of foundation with this issue. Q. Do you believe such a course of action is ethical? "Yes" or "no." A. Again, without any information on the legal ramifications and the decisions made, I I really don't know. Q. So sitting here today, you don't know whether or not, when when decisions are made at a higher level not to pursue research on the safety of a device as a result of a legal situation, you have no opinion whether or not that's ethical or not, ethical based on your testimony before? MR. GOSS: Objection, assumes facts not in evidence, in fact contrary to evidence, and lack of foundation. MR. ASSAAD: You can answer the question. A. Again, I have no information on what was being discussed legally regarding this case and how that impacted their decision. Q. Well isn't that contrary to what you stated previously in this deposition? MR. GOSS: Objection, form, mischaracterizes his testimony. Q. Do you want to go to your testimony? Would that be helpful?	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	identification.) BY MR. ASSAAD: Q. Exhibit 8 is an e-mail from Gary Hansen to Dave Westlin, Teri Woodwick-Sides, Jana Stender and John Rock. Do you know any of these people? A. I do not, no. Q. Do you know who ECRI is, E-C-R-I? A. I do not think I know that. Q. I'm just going to read the first line. "Our first step with ECRI should be preventing them from doing their own testing, but rather to rely on published data." Did I read that correctly? A. You read that correctly. Q. Do you think it's good for a company to try to prevent the gaining of knowledge of devices from outside companies that want to do research? MR. GOSS: Objection to form, I don't think that's what this sentence said, and beyond the scope of any opinions he's going to offer in this case. A. I I don't know what ECRI refers to. Q. And you weren't provided any documents from the defendant regarding ECRI or the history of of the situation with ECRI; correct? A. I was not.

Page 166 Page 168 Q. I'm going to have you assume that ECRI is an more studies on the safety of the Bair Hugger device? 1 1 independent organization. Do you agree -- assuming A. I was not aware of that, no. 2 2 that fact, do you agree that one of the goals of 3M in 3 Q. And are you aware that 3M disregarded all this -- in -- in this e-mail is to prevent ECRI from the advice that Dr. Sessler has given them regarding 5 doing their own testing? 5 that issue? 6 MR. GOSS: Objection to form, lack of 6 MR. GOSS: Objection to form, contrary to 7 foundation, assumes facts not in evidence, beyond the 7 evidence. 8 scope of any opinions he's going to offer in this 8 A. Since I'm not aware of the -- of his 9 comments in the first place, I -- I can't comment on 9 case. A. Well I'd -- I'd have to do some 10 10 3M's response. (Kuehn Exhibit 9 was marked for 11 interpretation. "Our first step" with this 11 12 organization that I'm not familiar with, "should be 12 identification.) 13 preventing them" -- I'm assuming it's the 13 MR. GOSS: Do you have another copy? 14 organization -- "from doing their own testing, but 14 MR. ASSAAD: Oh, I'm sorry. rely on published data," so -- so it sounds to me like (Discussion off the stenographic record.) 15 15 they're trying to prevent ECRI from doing some -- some BY MR. ASSAAD: 16 16 testing; rather, rely on published data. O. This is an e-mail -- this is --17 17 MR. GOSS: You don't have to speculate about Exhibit 9 is an e-mail from Gary Hansen to 18 18 Dan Sessler -- or an e-mail chain between Gary Hansen 19 19 what the document says. MR. ASSAAD: Well the document speaks for and Daniel -- and Dr. Sessler. Have you seen this 20 20 21 itself I believe. 21 document before? 22 MR. GOSS: That's right. 22 A. I have not. 23 Q. As -- as an engineer, you agree that -- well 23 Q. Dr. Sessler writes to -- Dr. Sessler writes 24 to Gary Hansen, talks about Scott's paper, and that's 24 strike that. 25 What do you know about Dr. Sessler? Scott Augustine just for the record, "We were lucky Page 167 Page 169 that this was published at almost the same time as 1 A. Not very much I would say. I certainly don't know him personally. I've heard the name. Scott's paper. We may not have warning of his next 2 Q. Are you aware that Dr. Sessler has done a 3 effort though. There is a very real possibility that 3 he will do some sort of bacterial sampling study (the 4 lot of work in the area of normothermia? 4 5 A. I -- I was not aware of that. 5 idea is obvious) and that the first we will know of it 6 Q. So what do you -is a published paper. If that happens, whatever Scott 7 You've heard the name Dr. Sessler before. reports will be un-opposed for one or two years while 7 8 A. I think perhaps from counsel in this 8 we do a catch-up study, analysis, and get through the 9 litigation. 9 publication process. Waiting much longer seems like a dangerous strategy." And I represent they're talking 10 Q. So what is your knowledge of him besides 10 knowing the name? 11 about doing an aerobiology study. 11 A. That -- that's about it. Do you know whether or not 3M has done an 12 12 Q. Are you aware that Dr. Sessler is on the 13 aerobiology study on the Bair Hugger? 13 14 advisory council for 3M? 14 MR. GOSS: Objection to form, foundation.

15

A. I did not know that.

Q. Do you know what an advisory council does? 16

A. Basically, yes. 17

18

Q. What do they do?A. Provides advice to the company on generally broad issues, broad topics.

20

Q. And companies hire advise -- advisory 21 counsels to offer advice; correct? 22

23 A. Yes.

19

24

Q. Okay. Were you aware that -- that Dr.

25 Sessler advised 3M on numerous occasions to perform A. I -- I have no idea.

Q. Are you aware of any study that indicates that the Bair Hugger device -- peer-reviewed study -does not disrupt the airflow in an operating room?

A. Off the top of my head, no.

Q. Have you reviewed any articles, were provided any articles of that nature?

A. No.

23 Q. Have you been -- have you been provided the 24 compendium created by 3M for marketing its Bair Hugger 25 device discussing all the research available?

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	Page 170		Page 172
1	Page 170 MP. GOSS: Object to form	1	
$\begin{array}{ c c }\hline 1\\ 2\end{array}$	MR. GOSS: Object to form. A. No.	1 2	an operating room; correct? MR. GOSS: Objection to form.
3	Q. Are you aware that 3M has manipulated	3	A. I actually determined that based on my
4	studies?	4	experimental measurements from the Bair Hugger oper
5	MR. GOSS: Objection, form, assumes facts.	5	in operation.
6	A. I have have no idea. I have not seen	6	Q. But that was your working hypothesis;
7	the the report.	7	correct?
8	(Kuehn Exhibit 10 was marked for	8	MR. GOSS: Objection to form.
9	identification.)	9	A. I was open to whatever the results were
10	BY MR. ASSAAD:	10	that that I measured in the lab.
11	Q. What's been marked as Exhibit 10 is an	11	Q. But as a scientist, you agree that before
12 13	e-mail chain between Dr. Sessler, Gary Hansen and Russ Olmstead.	12 13	you perform any scientific study, you usually have a working hypothesis; correct?
14	Do you know who Russ Olmstead is?	14	A. There's usually some some goal that
15	A. I do not.	15	you're working towards.
16	Q. The first sentence of the top e-mail chain	16	Q. Okay. What was your working hypothesis in
17	of the second the second paragraph, first sentence	17	this case?
18	says, "What clinicians will want to see is basically	18	A. To measure the actual in the lab, measure
19	particle counts under the three test circumstances	19	the actual temperature and airflow rates out of the
20	(Off, Ambient and Warm)." Do you see that?	20	Bair Hugger and determine if they were significant or
21	A. I see that.	21	strong enough to go around the anesthesial anes
22	Q. Do you disagree with that statement at all?	22	anesthesical drape to get to the surgical site.
23	MR. GOSS: Objection to form, lack of	23	Q. Okay. That's not your hypothesis, that's
24 25	foundation. He's not a clinician. A. I I'm not sure what clinicians would want	24 25	what you did. What was your hypothesis? A. My hypothesis was that the airflow delivered
23	A. 1 1 III not sure what chinicians would want	23	A. My hypothesis was that the airriow delivered
	Page 171		Page 173
1	Page 171 to see.	1	, and the second
1 2	to see. Q. Well you've formulated your opinions to see	1 2	would have negligible effect on the airflow of the surgical site.
	to see. Q. Well you've formulated your opinions to see whether or not the Bair Hugger has an effect on the		would have negligible effect on the airflow of the surgical site. Q. Fair enough. So your hypothesis was that
2 3 4	to see. Q. Well you've formulated your opinions to see whether or not the Bair Hugger has an effect on the sterile field in an operating room; correct?	2 3 4	would have negligible effect on the airflow of the surgical site. Q. Fair enough. So your hypothesis was that the airflow had a negligible effect, and you did your
2 3 4 5	to see. Q. Well you've formulated your opinions to see whether or not the Bair Hugger has an effect on the sterile field in an operating room; correct? A. That's correct.	2 3 4 5	would have negligible effect on the airflow of the surgical site. Q. Fair enough. So your hypothesis was that the airflow had a negligible effect, and you did your study to prove your hypothesis; correct?
2 3 4 5 6	to see. Q. Well you've formulated your opinions to see whether or not the Bair Hugger has an effect on the sterile field in an operating room; correct? A. That's correct. Q. So I assume you have to understand what the	2 3 4 5 6	would have negligible effect on the airflow of the surgical site. Q. Fair enough. So your hypothesis was that the airflow had a negligible effect, and you did your study to prove your hypothesis; correct? MR. GOSS: Object to form.
2 3 4 5 6 7	to see. Q. Well you've formulated your opinions to see whether or not the Bair Hugger has an effect on the sterile field in an operating room; correct? A. That's correct. Q. So I assume you have to understand what the issues in this case are; correct?	2 3 4 5 6 7	would have negligible effect on the airflow of the surgical site. Q. Fair enough. So your hypothesis was that the airflow had a negligible effect, and you did your study to prove your hypothesis; correct? MR. GOSS: Object to form. A. The results I think showed that to be
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2 3 4 5 6 7 8 9	to see. Q. Well you've formulated your opinions to see whether or not the Bair Hugger has an effect on the sterile field in an operating room; correct? A. That's correct. Q. So I assume you have to understand what the issues in this case are; correct? A. Yes. Q. Which is the sterility of the sterile field	2 3 4 5 6 7 8 9	would have negligible effect on the airflow of the surgical site. Q. Fair enough. So your hypothesis was that the airflow had a negligible effect, and you did your study to prove your hypothesis; correct? MR. GOSS: Object to form. A. The results I think showed that to be correct. Q. I understand that. But now we're both
2 3 4 5 6 7 8 9 10	to see. Q. Well you've formulated your opinions to see whether or not the Bair Hugger has an effect on the sterile field in an operating room; correct? A. That's correct. Q. So I assume you have to understand what the issues in this case are; correct? A. Yes. Q. Which is the sterility of the sterile field of an operating room; correct?	2 3 4 5 6 7 8 9 10	would have negligible effect on the airflow of the surgical site. Q. Fair enough. So your hypothesis was that the airflow had a negligible effect, and you did your study to prove your hypothesis; correct? MR. GOSS: Object to form. A. The results I think showed that to be correct. Q. I understand that. But now we're both engineers, we've both written papers. You have a
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Page 174 Page 176 1 A. I -- I did not have a goal in mind. I -- I fund research, analyze the data, and then give it to a 1 did the measurements I -- I performed, and based on researcher to publish it? 2 2 3 MR. GOSS: Objection to form. He's not an 3 the results of the measurements, I used that to ethicist and he's not offering opinions on ethics. support my --4 5 Q. And that's --5 MR. ASSAAD: This whole case is about 6 I'm asking you: In your methodology, you 6 ethics. 7 did not have a hypothesis before you started taking 7 A. It -- it's not uncommon for a company to 8 8 measurements; correct? support research that then is sent back to the 9 A. Yes. corporation prior to publication, not for changing any O. I'll represent that Exhibit 10 is discussion 10 10 information per se, but there may be again some between Gary Hansen and Dr. Sessler and Russ Olmstead proprietary issues with something that was -- was used 11 11 discussing the Sessler paper of 2011 that 3M funded in the study that the company does not want released. 12 12 13 and performed and which was published regarding 13 Q. But if I understand you correctly, it's okay particle count using the DIN standard. 14 for the -- the researchers to send back the manuscript 14 MR. GOSS: Objection to form. to the corporation for them to change --15 15 MR. ASSAAD: Basis. 16 MR. GOSS: Object to form, assumes facts. 16 MR. GOSS: 3M didn't perform it. 3M 17 O. -- or edit? 17 A. I would say edit. definitely funded it. 18 18 Arizant funded it. Sorry. Arizant funded 19 Q. So a corporation is allowed to edit the 19 substance of a research paper that they fund? 20 it. 20 21 Q. Do you see on the second line of the first 21 MR. GOSS: Objection to form. 22 paragraph, "The increase with the 635 cover on ambient 22 A. Again, in my experience it's very common for 23 or warm in Amersfoort seemed substantial, roughly a 23 a researcher who is funded by a company to have an factor-of-five-to-ten?" agreement in writing before that project starts that 24 24 25 A. Where -- where are you again? 25 any information release would have to be approved by Page 175 Page 177 Q. First paragraph, second sentence. the -- the funding agency or the company. 1 Q. I understand the release, but what about 2 A. Okay. 2 3 Q. "The increase with the 635 cover on ambient 3 editing, editing the content of -- of a manuscript? A. I would say not changing the results. There 4 or warm in Amersfoort seemed substantial, roughly a 4 5 5 factor-of-five-to-ten." may be --6 A. I -- I think you --Again, something proprietary could be in 6 7 Q. Talking about particles here. 7 there that the company does not want released, but A. Well -that should not change the overall results of the 8 8 9 MR. GOSS: Wait for a question. 9 study. 10 Q. Do you agree that --10 Q. Okay. So -- so you'll agree with me that Well let me ask you this: The effect a -- a researcher should not send back the manuscript 11 11 that -- withdraw that question. to the corporation that funded the research and give 12 12 Since you've never read the Sessler article 13 them free reign to do any type of edit they want to 13 14 regarding particle counts funded by 3M, you have no 14 do; correct? idea sitting here today what actually made it into the 15 MR. GOSS: Objection, form, beyond the scope 15 published paper; do you? of the opinions. 16 16 A. That -- that would be my --17 A. That's correct. 17 Yes, I would agree with that. 18 Q. Do you think that if you obtained data that 18 19 showed that particle counts increased on a factor of 19 Q. Because if it was done, that would lack five to 10 when the Bair Hugger was ambient or warm, 20 integrity in that paper; correct? 20 that is a finding that should be published in an MR. GOSS: Same objection. 21 21 objective, impartial study to be peer-reviewed? 22 22 A. Well the original researchers would hopefully have integrity. It's a question of what 23 MR. GOSS: Object to form. 23 A. Potentially, uh-huh. happens after that. I would say that's not a -- that 24 24 25 Q. Do you think it's ethical for a company to 25 would be a non -- a non-ethical decision.

	Page 178		Page 180
1	Q. It would not be ethical.	1	the operating room?
2	A. I agree.	2	A. Based on my measurements of the velocity
3	Q. Okay. Have you heard of Hybeta?	3	leaving the blanket primarily.
4	A. I do not believe I have.	4	Q. Okay. So it's solely based on your Exhibit
5	Q. Does the fact that Dr. Sessler indicated the	5	B then.
6	results show a factor of five to 10 increase in	6	A. Yes.
7	particle counts when the Bair Hugger was on ambient or	7	Q. That's it.
8	on high or on warm, would that have any effect on	8	A. And knowledge of how operating rooms
9	your opinions in this case?	9	typically work with air coming down through the
10	MR. GOSS: Objection, assumes facts not in	10	filters in the ceiling towards the surgical wound site
11	evidence.	11	and the air from the blanket being emitted, I would
12	A. Without	12	say, down on the downstream side of the surgical
13	Not without having read the article.	13	drape.
14	Q. Okay. Going back to the last exhibit	14	Q. Okay. And we'll get to that in a little
15	talking about the particle counts being five to 10	15 16	bit. But let's talk about operating rooms. So you understand that the
16 17	times, A. Okay.	17	Do you know what the term "environment of
18	Q are you aware that 3M deleted that	18	use" is?
19	information from the final manuscript submitted for	19	A. Yes.
20	publication?	20	Q. Have you ever used that term before?
21	MR. GOSS: Objection to form.	21	A. I do not believe I have.
22	A. I have no information on that.	22	Q. Have you ever heard of it before?
23	Q. Would you would that	23	A. I have heard of it before.
24	If that is the case, assuming that's the	24	Q. And would you agree with me that when
25	case, do you agree that's unethical?	25	designing any device, you have to look at what
	Page 179		Page 181
1		1	
1 2	Page 179 MR. GOSS: Objection to form, beyond the scope of his opinions. He's not an ethicist.	2	Page 181 environment the device is going to be used in; correct?
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2 3 4 5 6	MR. GOSS: Objection to form, beyond the scope of his opinions. He's not an ethicist. A. Well, I would probably agree with that. Q. Sitting here today, do you have any understanding or or or knowledge as to why you were not provided most of the relevant peer-reviewed	2 3 4 5 6	environment the device is going to be used in; correct? A. That's correct. Q. And you understand that the the Bair Hugger is being used in an operating room as well as other areas, but it's also being used in an operating
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	Page 182		Page 184
1	agree with that.	1	forced-air warming and contamination?
2	Q. Well will you agree that the bioburden,	2 3	A. That that's what it says here.Q. Okay. Do you agree with me that, based on
3 4	which is bacteria, are usually coming off of individuals, off their skin, as well as it could have	4	the information that you've been provided today, that
5	been not cleaned properly before, some areas of the	5	there's no evidence that 3M performed any study to
6	operating room; correct?	6	determine whether or not the Bair Hugger contaminates
7	A. And also coming through the filters in the	7	a sterile field?
8	ceiling.	8	MR. GOSS: Objection to form, lack of
9	Q. Okay.	9	foundation, beyond the scope of his opinions.
10	A. Other	10	A. Nothing that I've seen today, no.
11	Q. What do you think has a larger bioburden,	11	Q. And I assume that information is not
12	the air coming out of the ceiling or the air	12	important to your opinions; correct?
13	underneath the operating room table?	13	A. Not not based on how I developed my
14	A. I have no basis to make an opinion on that.	14	opinions.
15	Q. Okay. So sitting here today, you can't use	15	Q. So if your opinions and your calculations
16 17	your you can't use science and your engineering education to determine, based on the airflow in an	16 17	are contrary to peer-reviewed studies, you would still stand by your opinions?
18	operating room, whether or not the air coming out of	18	A. I would say some peer-reviewed studies,
19	the ventilation system has a greater or lesser	19	especially those dealing with particle measurements,
20	bioburden than the air where there are a patient and	20	are often flawed because of a poor poor methodology
21	three or four people standing around a surgical table.	21	or or
22	A. Well I I cannot rely on any data, but I	22	Q. You're speculating though; correct?
23	can speculate that it would be the concentration	23	MR. GOSS: Objection to form.
24	would be higher under the table.	24	A. Without well, without without reading
25	Q. And that would be because air is blowing	25	them, I'm speculating, yes.
	Page 183		Page 185
1	down through the ventilation and it's moving the	1	Q. I mean you can't sit here today and say
2	down through the ventilation and it's moving the bacteria and the squames on a downward motion to the	2	Q. I mean you can't sit here today and say whether or not the Legg study had poor methodology;
2 3	down through the ventilation and it's moving the bacteria and the squames on a downward motion to the floor; correct?	2 3	Q. I mean you can't sit here today and say whether or not the Legg study had poor methodology; can you?
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		1	
	Page 186		Page 188
1	A. Having not seen it, I could not say that,	1	"Reviewed 3M report, read ASHRAE HVAC design guide and
2	yes.	2	52.2."
3	Q. And you can't sit here today and say the	3	A. Yes, I believe that's what it says.
4	McGovern study that had neutral-buoyant bubbles had	4	Q. What's the ASHRAE HVAC design guide? Is
5	poor methodology; can you?	5	that for hospitals?
6	A. Not having seen it, no, I cannot say that.	6	A. Yes. Yes.
7	Q. Are you aware that Gary Hansen stated in an	7	Q. Is that the 2007 I think it was?
8	edit on a paper that there actually is evidence that	8	A. I don't remember what version it was, but
9	forced-air warming increases the risk of infection?	9	Q. Second version?
10	MR. GOSS: I think she's going to correct	10	A. It's probably the most recent hospital
11	you.	11	design guide.
12	MR. ASSAAD: I'm sorry, Al Van Duren.	12	Q. Now let's go to your report, which is
13	MR. GOSS: Object to form.	13	Exhibit 1. I want to go to Exhibit 1 Exhibit A of
14	A. I I I have not seen that.	14	Exhibit 1, which is your curriculum vitae.
15	Q. You know Al Van Duren is still with the	15	A. Okay.
16	company 3M; correct?	16	Q. Is this the most-up-to-date CV available?
17	A. I I did not know that.	17	A. It was when I submitted it, yes.
18	Q. Okay. Assuming that Al Van Duren, who is	18	Q. So back in June?
19	upper-level management at 3M, stated, "Actually, there	19	A. I I don't recall when I actually
20	is evidence that forced-air warming use increases	20	submitted it.
21	risk this evidence was the motivation behind Dr.	21	Q. Okay. Well your expert report is dated June
22	Memarzadeh's work," assuming that's correct, would	22	1st, so would that be when you submitted this CV?
23	that affect your opinions in this case?	23	A. I think I may have as part of the report,
24	MR. GOSS: Objection to form.	24	yes. Yes.
25	A. Could you repeat that again?	25	Q. Well have you consulted with anyone that's
	Page 187		Page 189
1		1	
1 2	Q. Okay. Assuming that Al Van Duren, who is	1 2	not on the list that you would add to the CV?
2	Q. Okay. Assuming that Al Van Duren, who is upper-level management at 3M stated, "Actually, there	2	not on the list that you would add to the CV? A. Certainly not since '87, no.
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	Page 190		Page 192
1	Q. And you don't hold yourself out as an expert	1	A. I'm not not sure I have.
2	in infectious diseases; correct?	2	Q. Okay. You're not an expert in operating
3	A. That's true.	3	room design; are you?
4	Q. Sitting here today, you have no opinion of	4	A. No.
5	how many CFUs would cause a periprosthetic joint	5	Q. And you agree that an operating room is
6	infection; correct?	6	different than other areas in the hospital; correct?
7	A. I'm not an expert in that area, so yes, I	7	A. Yes.
8	have no opinion on that.	8	Q. It's not the same as a PACU; correct?
9	Q. Do you know the difference between a	9	A. Same as come again.
10	periprosthetic joint infection and a superficial wound	10	Q. It's not the same as a PACU.
11	infection?	11	Do you know what a PACU is?
12	A. I do not.	12	A. Will you spell it out?
13	Q. Okay. You don't hold yourself out as an	13	Q. Post Anesthesia Care Unit.
14	expert in orthopedics; correct?	14	A. Oh. Yes, it's different, yes.
15	A. That's that's true, I'm not an	15	Q. It's different than an ER ER triage
16	orthopedics expert.	16	center; correct?
17	Q. You don't hold yourself out as an expert	17	A. Yes.
18	in in nursing; correct?	18	Q. Do you agree that ASHRAE has different
19	A. That's correct.	19	standards for air exchanges in different types of a
20	Q. You don't hold yourself out as an expert in	20	hospital?
21	the manufacturing of filters; correct?	21	A. Yes.
22	A. Manufacturing, that's probably correct.	22	Q. Like the OR requires a different air
23	Q. Okay. You don't hold yourself out as an	23	exchange than, say, a patient's room.
24	expert in medical device design; correct?	24	A. Right. Patient isolation room or some other
25	A. That's correct.	25	room, yes.
	Page 191		Page 193
1	Q. You don't hold yourself out as an expert	1	Q. Or regular patient room like a
2	with with respect to medical device warnings;	2	A. Yes.
3	correct?	3	Q. And also the filtration requirements are
4	A. That's correct.	4	different for an OR than other parts of the hospital;
5	Q. You don't hold yourself out as an expert in	5	correct?
6	anesthesiology; correct?	6	A. That's correct.
7	A. That's correct.	7	Q. Okay. Because when you determine filtration
8	Q. You don't hold yourself out as an expert in	8	for a certain room, you have to determine the
9	patient warming devices; correct?	9	environment of use of that room; correct?
10	A. Other than this, the work I've done here,	10	A. That's correct.
11 12	I've I've not done any other work in other patient warming devices.	11 12	Q. In an operation In an operating room, a a person's very
13 14	Q. Do you know what other patient warming devices are out there in the market?	13 14	susceptible to infection because he at that time is immunosuppressed because he basically has a wound
15	A. You, I think, alluded to some earlier today,	15	that's open to the air; correct?
16	but I I cannot repeat their names.	16	MR. GOSS: Object to form.
17	Q. Have you heard of the Mistral?	17	A. I'm not aware of the details of that.
18	A. Yes.	18	Q. Well you agree with me that you want an
19	Q. Have you heard of Warmtouch?	19	operating room to be clean as possible to prevent
20	A. Yes.	20	infections of open wounds; correct?
21	Q. Have you heard of the Hot Dog?	21	A. Yes.
22	A. Yes.	22	Q. And you don't hold yourself out as an expert
23	Q. Have you heard of VitaHEAT?	23	in operating room airflow; correct?
24	A. I am not	24	A. That's correct.
25	Q. A 3M product.	25	Q. Do you know the difference between laminar
I -	- 1		,

	Page 194		Page 196
1	flow and turbulent flow?	1	micron or less; correct?
2	A. Yes.	2	A. Yes.
3	Q. Do you hold yourself out as an expert	3	Q. Anything larger than one micron actually has
4	between laminar flow and turbulent flow with respect	4	inertia; correct?
5	to an operating room?	5	A. As I said, it depends on the the
6	A. As applied to an operating room, probably	6 7	direction-of-flow change. If there's no significant acceleration or direction-of-flow change, then you can
7 8	not. Q. Okay. Do you know whether or not you could	8	actually use larger particles.
9	get true laminar flow in an operating room?	9	Q. Well how large?
10	A. I would suspect that would be highly	10	A. Again, depends on the the direction-of-
11	unlikely.	11	flow change.
12	Q. You don't hold yourself out as an expert in	12	Q. But you agree with me that even in a filter,
13	particle flow in an operating room; correct?	13	that particles larger than one micron do not follow
14	A. Not that I've worked in. I've never	14	the the the airflow stream; correct?
15	measured particle flows in an operating room, so I do	15	A. Because of the the sharp transition of
16	not consider myself to be an expert.	16	air air streamlines around the fibers of the filter
17 18	Q. Are you able to calculate how turbulent flow affects particle movement in an operating room?	17 18	material.
19	A. I I know how to do that in in general.	19	Q. And that's when you you you collect particles by impaction during for larger particles;
20	I would assume it would be applied to airflow in an	20	correct?
21	operating room also.	21	A. That's correct.
22	Q. Can you do that by hand, or do you need to	22	Q. Because larger particles have inertia;
23	use the Navier-Stokes equation?	23	correct?
24	THE REPORTER: "do you need to use"	24	A. Yes.
25	Q. Can you do that by hand, or do you need to	25	Q. If there's a if there's a change in the
	Page 195		Page 197
1		1	
1 2	Page 195 use some sort of computational modeling? A. For realistic applications that are fairly	1 2	Page 197 direction of the air stream, it's no longer going to follow the particle is no longer going to follow
2 3	use some sort of computational modeling? A. For realistic applications that are fairly complex, you would need to use some software.	2 3	direction of the air stream, it's no longer going to follow the particle is no longer going to follow the air stream, it has inertia and will get away from
2 3 4	use some sort of computational modeling? A. For realistic applications that are fairly complex, you would need to use some software. Q. Okay. Such as ANSYS?	2 3 4	direction of the air stream, it's no longer going to follow the particle is no longer going to follow the air stream, it has inertia and will get away from the air stream; correct?
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2 3 4 5 6	use some sort of computational modeling? A. For realistic applications that are fairly complex, you would need to use some software. Q. Okay. Such as ANSYS? A. Yes. Q. Okay. And have you ever used ANSYS or any	2 3 4 5 6	direction of the air stream, it's no longer going to follow the particle is no longer going to follow the air stream, it has inertia and will get away from the air stream; correct? A. And it depends on the ratio of the particle inertia and the the acceleration.
2 3 4 5 6 7	use some sort of computational modeling? A. For realistic applications that are fairly complex, you would need to use some software. Q. Okay. Such as ANSYS? A. Yes. Q. Okay. And have you ever used ANSYS or any type of computer program to determine how particles	2 3 4 5 6 7	direction of the air stream, it's no longer going to follow the particle is no longer going to follow the air stream, it has inertia and will get away from the air stream; correct? A. And it depends on the ratio of the particle inertia and the the acceleration. Q. And in fact, when you add turbulence to the
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2 3 4 5 6 7 8	use some sort of computational modeling? A. For realistic applications that are fairly complex, you would need to use some software. Q. Okay. Such as ANSYS? A. Yes. Q. Okay. And have you ever used ANSYS or any type of computer program to determine how particles	2 3 4 5 6 7 8	direction of the air stream, it's no longer going to follow the particle is no longer going to follow the air stream, it has inertia and will get away from the air stream; correct? A. And it depends on the ratio of the particle inertia and the the acceleration. Q. And in fact, when you add turbulence to the
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	use some sort of computational modeling? A. For realistic applications that are fairly complex, you would need to use some software. Q. Okay. Such as ANSYS? A. Yes. Q. Okay. And have you ever used ANSYS or any type of computer program to determine how particles move in a turbulent environment? A. Yes. Q. When? A. I gave a short course for the American Association of Aerosol Research probably 20 years ago which included stochastic particle modeling, effect of turbulence, turbulent kinetic energy, and basically using Lagrange in particle tracking. Q. And you agree with me that you have to use Lagrange in particle tracking to actually track particles in a turbulent environment; correct? A. It turns out that if your particles are small enough and the airflow does not change direction very quickly, you could actually use a streamline, the time-average streamlines, and predict the most	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	direction of the air stream, it's no longer going to follow the particle is no longer going to follow the air stream, it has inertia and will get away from the air stream; correct? A. And it depends on the ratio of the particle inertia and the the acceleration. Q. And in fact, when you add turbulence to the equation, that also affects the airflow when the intensity of the turbulence increases; correct? Or particle movement. A. Yes, it definitely affects particle movement. Q. Okay. You could have a general air stream, but once you add turbulence to that air stream, you really can't use the the mean average with respect to particle movement any more because you have turbulence. A. That would still be the most probable particle path. The turbulence dispersion would be about that streamline. Q. Okay. Do you have any articles to support that opinion?

	Page 198		Page 200
1	publication record.	1	shot.
2	Q. And there has been a lot of advancement in	2	Q. So the answer to that would be maybe, but
3	computational fluid dynamics software since the 1990s;	3	not you're not a hundred percent sure you could do
4	hasn't there?	4	it.
5	A. Yes.	5	A. I I'm probably 90 percent sure I could do
6	Q. More-powerful computers; correct?	6	it.
7	A. Yes.	7	Q. Could you write out the boussinesq approach
8	Q. The technical limitation is actually the	8	with incorporating that into the Navier-Stokes
9	computer.	9	equation today?
10	A. That's probably correct.	10	A. I could probably do that.
11	Q. Might be other limitations, but the most	11	Q. Have you reviewed the videos of Dr.
12	significant limitation in performing these	12	Elghabashi regarding his CFD analysis?
13	calculations are the ability of computers to actually	13	A. The videos, no.
14	computate all the data.	14	Q. Did you ever consider doing your
15 16	A. It's it's the refinement of the grid	15 16	measurements with a PIV? A. Which which measurements?
17	essentially. Q. When is the last time you constructed a grid	17	Q. The measurements you did for Exhibit B with
18	for a CFD analysis?	18	a
19	A. Personally?	19	Do you know what a PIV is?
20	Q. Yes.	20	A. Yes.
21	A. Probably it's been probably about 20	21	Q. What's a PIV?
22	years ago.	22	A. Particle Image Velocimetry.
23	Q. You've read Elghabashi's expert report;	23	Q. And that's the most accurate way to measure
24	correct?	24	velocity of the air today; correct?
25	A. I have.	25	A. It's a non-intrusive method. It's also a
	D 100		D 401
	Page 199		Page 201
1	Q. Do you agree that Elghabashi is an expert in	1	very expensive piece of equipment and requires a lot
2	particle movement?	2	of data data analysis.
3	A. I would say he probably is, yes.	3	Q. Did you consider using that in your
4	Q. Are you aware that	4	analysis?
5	You also looked at his deposition, correct,	5	A. No, because of the I wasn't sure I had avail that type of
6 7	Dr. Elghabashi's deposition? A. I I was given his deposition. I did not	6 7	instrumentation available to me and how much effort it
8	have a chance to read through it.	8	would require to set it up and and reduce the data.
9	Q. Are you aware that he's doing work for the	9	Q. And it's very expensive.
10	military with aircraft-carrier design?	10	A. And it's very expensive, yes.
11	A. I was not aware of that.	11	Q. Could be in in the millions.
12	Q. Okay. Are you aware that he has access to	12	A. I don't think it's quite that much, but
13	the military supercomputer that most people don't have	13	certainly hundreds of thousands.
14	access to?	14	Q. Okay. Did you ever consider using ANSYS to
15	A. I was not aware of that.	15	model the Bair Hugger in an operating room?
16	Q. Are you aware of the military supercomputer	16	A. I did not really consider that. I really
17	that the military uses for aviation?	17	have not done CFD work myself for for many years.
18	A. Not specifically, no.	18	Q. But you consider yourself an expert in CFD.
19	Q. Are you familiar with the Navier-Stokes	19	A. I I know the protocol, the limitations,
20	equation?	20	yes.
21	(Discussion off the stenographic record.)	21	Q. What are the limitations?
22	A. Yes.	22	A. Limitations are associated with time steps,
23	Q. If I asked you to write the equation out,	23	with grid resolution, with the turbulent model that
24	could you do that today?	24	you use if you're using a turbulent model, surface
~ ~	A. I could probably give it a good good	25	conditions any thermal houseancy involved. And of
25	71. I could probably give it a good good	23	conditions, any thermal bouyancy involved. And of

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Page 202

course particle modeling adds another way of 1 2 complexity.

- Q. Do you think you're capable sitting here today to perform a CFD analysis, without anyone else's help, on an operating room?
- A. It would take me quite a while to go back and review the manual and get up -- up to speed. I could probably do it, but it would take me quite a while.
- Q. So you'll agree with me that with respect to computational fluid dynamics in the present, you're not an expert in it as of right now.
- 13 A. In terms of actually personally performing 14 the results, --
 - Q. Yes.

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- A. -- no.
- Q. So you'll agree that you're not an expert at this point in time in your career.
- A. In terms of analyzing other people's 19 results, I think I am. In terms of generating my own 20 21 results, no.
- 22 Q. Do you know the difference between a RANS 23 model and an LES model? R-A-N-S and L-E-S.
- A. It's been a long time since I've thought 24 25 about that, but it's Reynolds Averaging Navier-Stokes

- used R -- RANS or LES or the type of turbulent 1 2 modeling. 3
 - A. Having not seen his report, I have no idea.

Page 204

Page 205

- Q. Would you agree that when you -- when you model an operating room and you have people in it as well as lights and the flow is not turbulent -- or the flow is turbulent, that you should have some sort of turbulent modeling in your CFD analysis?
 - A. It depends what your ultimate objective is.
 - Q. To follow particles.
- A. As I said before, if the streamlines had not changed direction very rapidly and the particles are small enough, they would simply follow the timeaverage streamline without using a turbulence model.
 - Q. Okay. When you say they're not -- they don't change direction very rapidly, what would that mean? What does that mean to you?
- A. I -- I go back to impactor technology where you're purposely trying to extract particles from the airflow by changing the direction very rapidly, and so it depends on the velocity of the particle and -- and the -- well basically the velocity of the particle heading towards the surface, so impaction technology.
- Q. Are you saying the change of airflow like 90 degrees, or are you saying five degrees, three

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24 25 degrees? A. It -- it --

Really, it depends on the rate of change of airflow, the -- the acceleration I would -- I should say, perpendicular to the mean flow direction.

Q. And in analyzing --

And in determining whether or not to use a turbulent model in the CFD, how do you determine whether or not you should assume that the particles travel along the air streams or not?

- A. Again, depends on whether your flow is essentially unidirectional or there's a lot of accelerations associated with it, and -- and the directional changes.
- Q. Well you agree with me that when you have obstructions such as the patient, surgeon, table, lights, you're going to have significant changes in the airflow direction when the air hits that; correct?
 - A. Yes.
- Q. Okay. Knowing what an operating room is, do you agree with me that you should have some sort of turbulence modeling in an operating room if you're going to have a -- a valid CFD analysis?
 - MR. GOSS: Objection.
 - A. I think that would be the most appropriate,

versus Large Eddy Simulation.

- Q. When you performed CFD analysis, did you 2 3 ever use LES?
- 4 A. I did not personally. It was the Reynolds 5 Averaging.
 - Q. Okay. And -- and the purpose of the boussinesq and the RANS is to reduce the computational time when you use computational fluid dynamics; correct?
- 10 A. That's correct, using a simplified set of 11 equations.
- Q. Okay. When was the first time you saw a 12 Bair Hugger? 13
- 14 A. Probably in the -- the office, maybe in March or April. 15
- Q. Okay. And which Bair Hugger model was it? 16 17
 - A. I believe it was the -- we may have looked at both the 505 and the 750 or 755, or --

There was an earlier version and at least one of the later versions.

- 21 Q. Okay. Going -- going back, and I might have asked you this before, you haven't seen Abraham's 22 23 report; correct?
 - A. I have not, yes.
 - Q. Okay. So you haven't seen whether or not he

	Page 206		Page 208
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	but I wouldn't necessarily start there. Q. Well it would be the better approach. A. Actually, I would start with the first approach of a time-averaged laminar-flow approach and then do analysis on that and then see what would need to be changed to if you if one would if one needs to go to a turbulent approach. Q. Why would you use a laminar-flow approach when you when we just discussed that most likely the air in an operating room is not laminar? A. It's it's a much easier, straightforward, simpler code to run. Q. But it's not accurate. A. It's not as completely accurate as as a fully turbulent model, that's correct, but it's a good starting point. Q. When you first saw a Bair Hugger, did you take it apart? A. The first time, no, I don't think I did. Q. Well did you ever take apart the Bair Hugger and look at the internal components? A. The only thing I've taken apart is the	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	convected there. Q. By conduction? A. By convection. Q. And do you know what pathway the par the plaintiffs allege that particles get to the surgical site when the Bair Hugger is on? A. Not specifically, no. Q. Okay. Did you make any assumption in in formulating your test or testing? A. Assumptions of what the plaintiffs' arguments are? Q. Yes. A. None other than than maintaining as as clean a wound area as possible. Q. You agree with me that the Bair Hugger produces more watts of energy than any other device in the operating room; correct? MR. GOSS: Objection, lacks foundation. A. I I'm not aware of what other equipment would what what the heat loads of other equipment in the operating room would be. Q. On page 11 of your report you indicate, "As
23	the filter in the the bottom.	23	the Bair Hugger uses the power to provide heat, it may
24 25	Q. Do you believe that the Bair Hugger is a sterile device internally?	24 25	be the most energy intensive piece of equipment in the OR."
	Page 207		Page 209
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. I I have no knowledge of that. Q. Okay. So you, sitting here today, you have no opinion on whether or not there's any whether or not the Bair Hugger hose harbors contaminants or bacteria. A. I would say it probably does. Q. Okay. Do you understand the plaintiffs' claims in this case? A. Not not without hearing them again very explicitly. Q. What's your understanding of the mechanism of injury the plaintiffs claim in this case? A. I think the plaintiffs are claiming that the Bair Hugger increases surgical-site infections. Q. In what way? A. By providing Could be disturbing airflow near the surgical site, it could be providing additional particles into the surgical site. Q. And how would those particles get to the	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. That's what I said, yes. Q. So you agree with me that Well do you mean "the most intensive energy piece," like it absorbs the most en uses the most energy? A. Uses the most energy, yes. Q. Okay. To create heat, which is energy; correct? A. Yes. Q. Okay. Are you aware of any other device in the OR that produces more watts of heat around the patient than the Bair Hugger? A. No, I'm not aware of that. Q. When the Bair Hugger exits the blanket, did you determine where most of the heat goes? A. When the Bair Hugger exits the blanket? Q. When the heat I'm sorry. When the heat of the When the Bair Hugger blows and heat exits the blanket, you know, the Bair Hugger blanket
21 22 23 24 25	surgical site? A. If they're airborne, they have to be convected there. Q. Excuse me? A. If they're airborne, they'd have to be	21 22 23 24 25	A. Yes.Q. Okay. By the way, do you know what type of blanket you used in your testing?A. It was an over over-body blanket.Q. Was it the 522?

	Page 210		Page 212
1	A. I don't remember the exact number.	1	took.
$\begin{array}{ c c }\hline 1\\ 2\end{array}$		1	A. No.
3	Q. Okay. Did you inspect the blanket or study the blanket in any way?	2 3	
4	A. It was installed before I arrived. I looked	4	Q. Okay. Who took the photographs, you or Mr. Goss?
5	at the entire installation.	5	A. It was either Peter or Vinita.
6	Q. Who installed it?	6	Q. Is that Vinita right there?
7	A. Two nurses.	7	A. Yes.
8	Q. What nurses?	8	Q. Okay. So you go to 3M, okay, to do this
9	A. I was told nurses from 3M.	9	testing, and when you get there it's already set up;
10	Q. 3M has in-house nurses?	10	correct?
11	A. That was what I was led led to believe.	11	A. That's correct.
12	Q. So sitting here today, you don't know how	12	Q. Okay. And where in 3M was this testing,
13	the setup was what was under the drapes?	13	what room?
14	A. I didn't remove the the drape to look	14	A. It was in a lab room. I don't remember the
15	underneath, no.	15	exact room number or building number.
16	Q. Have you seen the have you seen the Bair	16	Q. Was it a simulated operating room?
17	Hugger upperbody blanket by itself?	17	A. No, it was not an operating room.
18	A. Yes.	18	Q. Okay. How big was the room?
19	Q. And did you look at how many perforations	19	A. It was roughly maybe 12 feet wide by maybe
20	occur or how many are on the blanket?	20	15 feet deep with maybe a nine-foot ceiling.
21	A. A lot of them.	21	Q. Okay. And how many doors to this room?
22	Q. How many?	22	A. Just one.
23	A. I I couldn't hazard	23	Q. Okay. And so you get there and it's already
24	I don't want to hazard a guess. It's a lot	24	set up; correct?
25	of holes.	25	A. Yes.
	Page 211		Page 213
1	Page 211	1	Page 213
1	Q. Over 10?	1	Q. So you don't you don't know in what
2	Q. Over 10? A. Oh, yes.	2	Q. So you don't you don't know in what position the the blanket is in, the the Bair
2 3	Q. Over 10?A. Oh, yes.Q. Over a hundred?	2 3	Q. So you don't you don't know in what position the the blanket is in, the the Bair Hugger blanket; correct?
2 3 4	Q. Over 10?A. Oh, yes.Q. Over a hundred?A. Probably.	2 3 4	Q. So you don't you don't know in what position the the blanket is in, the the Bair Hugger blanket; correct? A. Other than looking at the edges that are
2 3 4 5	Q. Over 10?A. Oh, yes.Q. Over a hundred?A. Probably.Q. Over a thousand?	2 3 4 5	Q. So you don't you don't know in what position the the blanket is in, the the Bair Hugger blanket; correct? A. Other than looking at the edges that are sticking out from the blanket above.
2 3 4 5 6	Q. Over 10?A. Oh, yes.Q. Over a hundred?A. Probably.Q. Over a thousand?A. Maybe.	2 3 4 5 6	Q. So you don't you don't know in what position the the blanket is in, the the Bair Hugger blanket; correct? A. Other than looking at the edges that are sticking out from the blanket above. Q. Okay. Was it laid all the way across the
2 3 4 5 6 7	 Q. Over 10? A. Oh, yes. Q. Over a hundred? A. Probably. Q. Over a thousand? A. Maybe. Q. Okay. When the Bair Hugger 	2 3 4 5 6 7	Q. So you don't you don't know in what position the the blanket is in, the the Bair Hugger blanket; correct? A. Other than looking at the edges that are sticking out from the blanket above. Q. Okay. Was it laid all the way across the patient?
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 Q. Over 10? A. Oh, yes. Q. Over a hundred? A. Probably. Q. Over a thousand? A. Maybe. Q. Okay. When the Bair Hugger Do you know what position the patient was in when you did your testing? A. It was set up to be a a hip surgery. Q. Okay. So the patient was to the side. A. Yes. Q. Okay. And how was the Bair Hugger blanket on the patient? A. It was wrapped around his upper body so his head was protruding at at one end, and a blanket over the whole thing, and then there was an anesthesia drape over that. Q. Okay. And how far did the drape go down? A. The photographs in my report would would show that. Q. Are all the photographs taken are in your 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. So you don't you don't know in what position the the blanket is in, the the Bair Hugger blanket; correct? A. Other than looking at the edges that are sticking out from the blanket above. Q. Okay. Was it laid all the way across the patient? The patient wasn't like in the crucifix position; was he? A. No. No. Q. Okay. A. Laying Q. Patient was to the side; correct? A. Yeah. Yeah. Q. Was the blanket was the blanket wrapped around like in a in a circular over the patient, was it only over was only half the blanket over the patient, do you know? A. It was over the entire upper body of the mannequin and then it draped down somewhat on both sides. Q. Well if the patient's to the side like this,

	Page 214		Page 216
1	Q. Feel free.	1	A. Yes.
2	A. Okay. I guess the first and last photos	2	Q. Okay. And where do you see the Bair Hugger
3	show the majority of the blanket setup.	3	blanket?
4	Q. I don't see the Bair Hugger in any of these	4	A. Just to the
5	blankets. Can you tell me how you can look at	5	I'll circle it here.
6	photos the first page and the last page of	6	Q. Circle it, please.
7	pictures	7	A. (Complying.) Okay.
8	Well, the last page is a picture of the Bair	8	Q. Can I see Exhibit 1, please?
9	Hugger on a on a stand. Are you talking	9	(Exhibit 1 handed to Mr. Assaad.)
10	about the second-to-last picture?	10	Q. Okay. Fair enough. And I I see what
11	A. I think it was second-to-the-last, yes.	11	you're you're pointing to.
12	Q. Okay. So it's clear from the the picture	12	Now you can't see how this blanket is set up
13	that is entitled "3 Inches Over Hip," you can't see	13	underneath, what part of the body it's covering;
14	the Bair Hugger blanket in this picture; correct?	14	correct?
15	A. Probably not.	15	A. Not except for where it's extending out
16	Q. Well "yes" or "no?"	16	under the blanket.
17	A. I I I cannot see it, no.	17	Q. Do you know whether or not the Bair Hugger
18	Q. Okay. So you can't see the blanket in this	18 19	blanket was taped down to the patient? A. I assume it was.
19 20	picture; correct? A. Except perhaps maybe over my hand. That may	20	Q. I'm not asking you to assume anything. I
21	be part of the blanket coming down on one side.	21	don't want any guesses.
22	Q. You think the Bair Hugger blanket is coming	22	Sitting here today, do you know whether or
23	over your hand?	23	not it was taped down or not?
24	A. Behind, behind my hand. If you look at the	24	A. I did not investigate that, no.
25	top of my hand and and what's behind my hand, that	25	Q. Okay. I mean this is your experiment;
			&,,
	Page 215		Page 217
1	appears to be part of the blanket coming down on one	1	Page 217 correct?
2	appears to be part of the blanket coming down on one side.	2	correct? A. Yes.
	appears to be part of the blanket coming down on one side. Q. Can you circle that for me on that report	2 3	correct? A. Yes. Q. You're the doc
2 3 4	appears to be part of the blanket coming down on one side. Q. Can you circle that for me on that report where you see the Bair Hugger blanket.	2 3 4	correct? A. Yes. Q. You're the doc You're the engineer; correct?
2 3 4 5	appears to be part of the blanket coming down on one side. Q. Can you circle that for me on that report where you see the Bair Hugger blanket. MR. GOSS: I think you're looking at	2 3 4 5	correct? A. Yes. Q. You're the doc You're the engineer; correct? A. Right.
2 3 4 5 6	appears to be part of the blanket coming down on one side. Q. Can you circle that for me on that report where you see the Bair Hugger blanket. MR. GOSS: I think you're looking at different pictures.	2 3 4 5 6	correct? A. Yes. Q. You're the doc You're the engineer; correct? A. Right. Q. You're in charge. You got to make sure that
2 3 4 5 6 7	appears to be part of the blanket coming down on one side. Q. Can you circle that for me on that report where you see the Bair Hugger blanket. MR. GOSS: I think you're looking at different pictures. MR. ASSAAD: I'm looking at the one that	2 3 4 5 6 7	correct? A. Yes. Q. You're the doc You're the engineer; correct? A. Right. Q. You're in charge. You got to make sure that everything is done properly because you're relying on
2 3 4 5 6 7 8	appears to be part of the blanket coming down on one side. Q. Can you circle that for me on that report where you see the Bair Hugger blanket. MR. GOSS: I think you're looking at different pictures. MR. ASSAAD: I'm looking at the one that says "3 Inches Over Hip."	2 3 4 5 6 7 8	correct? A. Yes. Q. You're the doc You're the engineer; correct? A. Right. Q. You're in charge. You got to make sure that everything is done properly because you're relying on the setup to conduct your testing; correct?
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	Page 218		Page 220
1	·	1	
1 2	Q. Yeah. Because you might actually have leakage of air going where it doesn't happily	1 2	A. Yes.Q. That that's a fundamental engineering
3	doesn't normally go during normal operation; correct?	3	principle; correct?
4	MR. GOSS: Objection, form.	4	A. Yes.
5	A. It's possible.	5	Q. Okay. What's the temperature of a human
6	Q. And it could affect your results; correct?	6	body?
7	MR. GOSS: Same objection.	7	A. Skin temp
8	A. Potentially.	8	Well core temperature and then there's skin
9	Q. Did you talk to these nurses at all that set	9	temperature.
10	up the operating room?	10	Q. Just skin temperature.
11	A. I did not.	11	A. Skin temperature really depends on clothing
12	Q. Okay. So sitting here today, you don't even	12 13	and the environment.
13 14	know their names; do you? A. I do not know their names.	14	Q. Well what's the core temperature?A. Core temperature is averaged around 98.6
15	Q. Did you write their names down anywhere on	15	Fahrenheit.
16	your on your pad?	16	Q. Which would be what in Celsius? Thirty-six
17	A. No, because I do not know their names.	17	and a half?
18	Q. You relied on 3M to do the setup; correct?	18	A. That sounds reasonable, yes.
19	A. Yes.	19	Q. Okay. So you agree with me that to warm a
20	Q. Okay. The same the same attorneys that	20	patient, the temperature has to be above 36.5 degrees
21	provided you the plethora of information that's out	21	Celsius.
22	there; correct?	22	A. Not necessarily, because the skin
23	MR. GOSS: Objection, argumentative, asked	23	temperature could be much lower than that.
24	and answered.	24	Q. Well what do you think the skin temperature
25	Q. And I assume you never measured the	25	is?
	Page 219		Page 221
1	temperature of the air coming out of the out of the	1	A. As I said, it depends on on clothing
1 2	temperature of the air coming out of the out of the holes, correct, the perforations?	1 2	A. As I said, it depends on on clothing and and the ambient environment.
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2 3 4	holes, correct, the perforations? A. That's correct, I did not do that. Q. Okay. Would you agree with me that the air	2 3 4	and and the ambient environment. Q. So if 3M has done research and done studies and indicated the temperature coming out of the Bair
2 3 4 5	holes, correct, the perforations? A. That's correct, I did not do that. Q. Okay. Would you agree with me that the air coming out of the perforations is roughly 40 to 41	2 3 4 5	and and the ambient environment. Q. So if 3M has done research and done studies and indicated the temperature coming out of the Bair Hugger blanket is between 40 to 41 degrees Celsius
2 3 4 5 6	holes, correct, the perforations? A. That's correct, I did not do that. Q. Okay. Would you agree with me that the air coming out of the perforations is roughly 40 to 41 degrees Celsius?	2 3 4 5 6	and and the ambient environment. Q. So if 3M has done research and done studies and indicated the temperature coming out of the Bair Hugger blanket is between 40 to 41 degrees Celsius when a Bair Hugger 775 is used on a 522 blanket, would
2 3 4 5 6 7	holes, correct, the perforations? A. That's correct, I did not do that. Q. Okay. Would you agree with me that the air coming out of the perforations is roughly 40 to 41 degrees Celsius? A. That sounds much higher than what I was	2 3 4 5 6 7	and and the ambient environment. Q. So if 3M has done research and done studies and indicated the temperature coming out of the Bair Hugger blanket is between 40 to 41 degrees Celsius when a Bair Hugger 775 is used on a 522 blanket, would you disagree with that?
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	Page 222		Page 224
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	blanket. You don't know what that is; do you? A. There was a discharge right out of the blanket right near the first figure where I'm measuring the temperature and velocity. Q. That's three inches from the blanket edge; correct? A. Yes, I think that's right. Q. Okay. And you measured it at, when the Bair Hugger was off, at 66.2 degrees; correct? A. Yes. Q. Okay. Now let's talk about this room some more. Okay? Did the room have ventilation? A. Yes. Q. What was the ventilation? A. It was provided through a ceiling supply and ceiling return. Q. Okay. One ceiling supply, one ceiling return?	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. It was covered with drapes. Q. So you don't know what was underneath; do you? MR. GOSS: Objection to form. A. Notnot really. MR. ASSAAD: Basis. MR. GOSS: Well, it was set up by nurses, so he's assuming that they set it up in a way they would have done for a real operation. That's my basis. MR. ASSAAD: Do you have a legal do you have a legal basis? MR. GOSS: You're you are you are expressing the idea that he knew absolutely nothing. He's not a nurse. He relied on the nurses to set everything up and use the proper equipment. Q. So you relied on MR. GOSS: That's my basis. Q. You relied on nurses; correct?
19 20 21 22 23 24 25	A. It was a a slot supply at one end of the room and a slot return at the other. Q. Okay. Was it positive pressure or negative pressure or neutral pressure? A. I did not measure that. Q. Well wouldn't that be something important to know?	19 20 21 22 23 24 25	 A. Yes. Q. Nurses you don't know; correct? A. Yes. Q. Nurses hired by 3M; correct? A. Probably, yes. Q. They were 3M nurses; correct? A. I do not know who they were.
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. Not necessarily, because if if unless there was significant leakage between the room and the surrounding areas. Q. Well can we assume that there was no leakage? A. That would be a good assumption. Q. Okay. What was the temperature of the walls? A. Temperature of the walls were probably near the initial temperature when we started the test, so Q. Sixty-six degrees? A probably about 66. Q. Okay. What was the temperature of the was Was it an operating room table that was used? A. I believe so, yes. Q. They actually had a real operating table in this random room at 3M.	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. I mean does 3M have a hospital inside its facility? A. Not that I'm aware of. Q. Okay. Do you know if any of the attorneys were involved in the setup? (Discussion off the stenographic record.) A. I don't think so. I think we met there together. Q. How did you get into the building? Did you meet Mr. Goss and his associate at at the front of the building? A. Yes. Q. Okay. Do you know whether or not Mr. Goss or his associate was involved in the setup? A. I do not know that. Q. You agree that people emit energy that or heat in a in a room; correct? The heating load. A. People give off energy, yes. Q. Okay. A. Yeah.
21 22 23 24	MR. GOSS: Objection to form. A. Well what what do you mean by "real operating table?" Q. Did you see the table, or was it covered with drapes?	21 22 23 24	Q. That's why people If the room is really crowded, if you get really warm, you have to turn up the air conditioning; correct?

	Daga 226		Page 228
1	Page 226 Q. To increase the cooling load; correct?	1	Page 228 So now we don't know if these numbers are
2	A. Right.	2	correct; do we?
3	Q. Okay. Do you agree that the setup that you	3	MR. GOSS: Objection to form.
4	have here is not similar to what actually occurs in an	4	A. The numbers are are correct as I measured
5	operating room?	5	them in the location I measured them.
6	A. I would agree that the room configuration is	6	Q. Well now add another variable. You added
7	not a typical operating room, yes.	7	you changed the room temperature.
8	Q. Well you don't have surgical lights;	8	A. Yes.
9	correct?	9	Q. You then now
10	A. Yes.	10	You said it was at equilibrium and now
11	Q. You don't have surgeons and and an	11	you're saying it might not be at equilibrium. Which
12	anesthesiologist around the surgical table; correct?	12	one it is, doctor?
13 14	A. Right.	13 14	MR. GOSS: Wait for a question. Q. Which one is it?
15	Q. And you agree that's going to affect airflow as well as turbulence as well as heat transfer;	15	A. May not be in equilibrium.
16	correct?	16	Q. Okay. So now you have a variable that
17	A. Yes.	17	you're not accounting for in your results; isn't that
18	Q. Okay. Now did the room have its own	18	correct?
19	thermostat?	19	A. Yes.
20	A. I believe it did.	20	Q. And you call that good engineering?
21	Q. Well "yes" or "no."	21	MR. GOSS: Objection to form, argumentative.
22	A. Yes.	22	A. If I had more time to develop a better test
23	Q. Okay. Did you change the thermostat at all	23	method, I would probably take that into consideration.
24	during the during the testing?	24	Q. Well are you saying this is not a good test
25	A. Yes.	25	method?
	Page 227		Page 229
1		1	
1 2	Q. You did? A. Yes.	1 2	A. It it was set up to do some temperature
1 2 3	Q. You did?		A. It it was set up to do some temperature and flow measurements leaving the Bair Hugger blanket,
2	Q. You did? A. Yes.	2	A. It it was set up to do some temperature
2 3	 Q. You did? A. Yes. Q. What did you change it from? A. Increased it, I don't remember the exact number, from it may have been set something like 	2 3	A. It it was set up to do some temperature and flow measurements leaving the Bair Hugger blanket, primarily, and entering the Bair Hugger filter. Q. That wasn't my question. Is this a good test method, "yes" or "no?"
2 3 4 5 6	 Q. You did? A. Yes. Q. What did you change it from? A. Increased it, I don't remember the exact number, from it may have been set something like 65, maybe up to 70, something like that. 	2 3 4 5 6	A. It it was set up to do some temperature and flow measurements leaving the Bair Hugger blanket, primarily, and entering the Bair Hugger filter. Q. That wasn't my question. Is this a good test method, "yes" or "no?" A. Yes.
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	Page 230		Page 232
1	change the temperature.	1	A. Yes.
2	Q. Who did?	2	Q. Who provided the device?
3	A. May have been one of Peter or or	3	A. Device was provided by 3M.
4	Vinita.	4	Q. Okay. So 3M provided the device and 3M
5	Q. I mean we have the law of thermodynamics.	5	provided the room and 3M provided the setup; correct?
6	We're not going to break that law; correct?	6	A. Well that's my understanding.
7	A. Right.	7	Q. Okay. Whose idea was it to do this testing?
8	Q. Okay. You have the temperature coming out	8	A. I think it was mine.
9	at 70 degrees; correct? Seventy-two degrees.	9	Q. Okay. Why didn't you do it at the
10	A. Seventy-two degrees from what?	10	University of Minnesota?
11	Q. It's coming out the diffuser.	11	A. I am no longer a faculty member there, I'm
12	A. It it may take a while for the thermostat	12	retired, so I did not have access to a facility.
13	to	13	Q. Okay. Let's go to the page that says "3
14	Well, it may take a while for the air to	14	Inches Over Hip" where it was "Under linear slot
15	reach the temperature that the thermostat is set at.	15	diffuser air supply on ceiling (Front) - half inch
16	Q. But you have the diffuser air coming out at	16	from supply." Do you see that?
17	72 degrees and you did that 30 30 minutes before	17	A. Wait a minute.
18	you started taking these tests; correct?	18	Q. It's the pic it's it's the picture
19	A. That's what I recall.	19	A. Oh.
20	Q. Okay. And the room is only 12 by nine;	20	Q. You measured the temperature coming out of
21	correct?	21 22	the air supply; correct? A. Yes.
22 23	MR. GOSS: Objection. A. Roughly 12 by 15 but with a nine-foot	23	Q. And this was done 30 minutes
24	ceiling.	24	You changed the temperature 30 minutes
25	Q. Nine feet high.	25	before you started doing any testing; correct?
23	Q. Trine reet ingn.	23	before you started doing any testing, correct:
	Page 231		Page 233
1	What's that volume?	1	A. That that's my recollection.
2	A. I'd I'd have to calculate it.	2	Q. I mean that's an important fact when you're
3	Q. Are you sure about those numbers?	3	going to start taking temperature measurements, that
4	A. I'm not absolutely certain.	4	you actually changed the temperature of the air
5	Q. Wouldn't that be important to know?	5	supply; don't you agree?
6	A. If I was looking at air-change rate, yes.	6	A. Yes, it would be important to document that.
7	Q. So you're looking at about 10,000 cubic	7	Q. Very important. Is it documented anywhere
8	feet. Does that sound about right?	8	in your report?
9	A. That's probably about right.	9	A. No.
10 11	Q. Eleven thousand.	10	Q. Okay. So we see, depending on where you're
12	Do you stand by these numbers, doctor, in Exhibit B? Are they accurate? Are they reliable?	11 12	measuring, you see anywhere between 330 feet per minute to 1550 feet per minute; correct?
13	A. Based on the test configuration we had or	13	A. That's correct.
14	the conditions, yes.	14	Q. Are those numbers accurate?
15	Q. Well doctor, let's go to page the one	15	A. I believe they I believe they're
16	that says "3 Inches Over Hip."	16	accurate.
17	Well before we get to that, let's go to the	17	Q. Okay. So you tried
18	last page of Exhibit B. That's the calibration by TSI	18	In the same diffuser, you're getting a range
19	of the device; correct?	19	of 330 to 1550 feet out of the same duct.
20	A. The very last page, yes.	20	A. There are actually three separate diffusers
21	Q. Okay. And on May 8th, 2017, this device was	21	end to end.
22	calibrated; correct?	22	Q. Okay. So three diffusers. So I should add
23	A. That's what it says, yes.	23	all these up for the amount of air entering the room;
24 25	Q. Okay. And you you you agree with	24	correct?
	this, that the device used was calibrated; correct?	25	A. That's

	Page 234		Page 236
1	Q. Sounds good since that is	1	A. Yes.
2	A. That's not going to be volumetric flow rate.	2	Q. Okay. And then you turn the you turn
3	MR. GOSS: Just let him finish, please. Let	3	you turn the Bair Hugger on and all of a sudden the
4	him finish.	4	temperature is 64.9 degrees. Does that make sense?
5	Q. Huh?	5	A. That's what it says.
6	A. That's not volumetric flow rate. Those are	6	Q. Does that make engineering sense?
7	just velocity measurements in the center of the	7	A. Unless there was something going on with
8	diffuser.	8	temperature fluctuations in the room, I I
9	Q. Okay. So that's the velocity of the air	9	don't know.
10	coming in; correct?	10	Q. That does not make sense; does it, doctor?
11	A. Yes.	11	A. Again, I don't know how the HVAC system
12	Q. Do you know what the flow rate is?	12	temperature was controlled.
13	A. I did not calculate that.	13	Q. We're talking about a six a five-degree
14	Q. Would that be important to know?	14	drop, almost six degrees once you turn the Bair Hugger
15	A. Perhaps.	15	on.
16	Q. Perhaps or yes?	16	Let me back up a second. Doctor, did you do
17	A. Yes.	17	these tests in a continuous fashion or did you go take
18	Q. That's a that's a pretty high velocity;	18	measurements, then change the thermostat and take
19	isn't it?	19	measurements with the Bair Hugger on?
20 21	A. It is, yes.	20 21	A. No. The thermostat was changed before we did any of the measurements.
22	Q. Okay. So in a room that small, you would agree that within 30 minutes you should reach	22	Q. Okay. And you took them in continuous
23	equilibrium.	23	fashion. You turned the Bair Hugger
24	A. I'd have to look at the the wall	24	It was off and then you turned it on to see
25	structure and the thermal mass in the room, and	25	what the change was; correct?
	structure and the thermal mass in the room, and		what the change was, correct.
	Page 235		Page 237
1	and I I can't I can't speculate at this point.	1	A. Yes.
2	Q. Okay. But that would be important to know;	2	Q. How long did you wait?
3	wouldn't it?	3	A. It probably took, I would guess, maybe an
4	A. It it would.	4	hour for the measurements with the Bair Hugger off
5	Q. And sitting here today we don't know that;	5	before we turned it on.
6	do we?	6	Q. So you spent an hour with the Bair Hugger
7	A. We do not.	7	off and then you turned it on.
8	Q. Okay. But what we do know is this, okay,	8	A. Yes.
9	that the air is coming in at 72 degrees, it's been on	9	Q. So you did all the measurements off first
10	for 30 minutes, and you're getting temperatures below	10	and then all the measurements on later?
11	72 degrees in the in the room; correct?	11	A. I'm I'm trying to recollect the the
12 13	A. Yes.Q. Okay. And in fact, according to your	12 13	sequence of of measurements. Q. Well I mean part of writing a scientific
14	calculations, when the Bair Hugger is on, it actually	14	report is that someone else could reproduce the
15	cools the area over the head; correct?	15	results; correct?
16	MR. GOSS: Objection to form.	16	A. Yes.
17	A. I don't think I have temperature	17	Q. Okay. None of that is in this report;
18	measurements into the inlet of the Bair Hugger and out	18	correct?
19	at the same time, so	19	A. Without additional information, that's
20	Q. Well let's look at this page right here,	20	correct.
21	let's look at three inches over the hip. Bair Hugger	21	Q. I'm asking you in this report is there
22	off, 70.7 degrees; correct?	22	any
23	A. Yes.	23	Is there a methodology written out in this
24	Q. That's parallel and perpendicular, that's	24	report how this was done?
25	just giving you different flow rates; correct?	25	A. No, there's no methodology.
	· · · · · · · · · · · · · · · · · · ·		5.

	Page 238		Page 240
1 2 3 4	Q. There's no methodology in this report; is there? A. No. MR. GOSS: Asked and answered.	1 2 3 4	seeing a change for no apparent reason when the Bair Hugger is on to a lower level. A. Again Q. What what what's the second law of
5	Q. So how is it that when you have the first	5	thermodynamics?
6 7	law of thermodynamics and you turn on a device that blows 40-degree heat into an operating room or into	6 7	A. Can't destroy entropy.Q. Okay. What's entropy?
8	a room that's only 12 by 15, that you see a reduction in air temperature? Can you answer that question?	8 9	A. It's a natural direction of disorder.Q. You go from order to disorder; correct?
10	A. I'm I'm trying to recollect the actual	10	A. Yes.
11 12	sequence of measurements. Q. Forget about the sequence. I'm looking at	11 12	Q. Such as, in this case, as heat leaves an area, it's going to dissipate in an orderly fashion;
13	the data here. This is your data. You say one	13	correct?
14 15	minute, two minutes, three minutes, four minutes. How is adding heat to a room, and you have the first law	14 15	A. That's correct.Q. Okay. Entropy applies to this case;
16 17	of thermodynamics, Engineering 101, MR. GOSS: You don't have to yell.	16 17	correct? A. That should apply to every case.
18	Q and you have to get a reduction in	18	Q. And in a room of this confinement, 12 by
19 20	temperature, could you please answer that question? MR. GOSS: You don't you don't have to	19 20	Which is not a large room; correct?
21 22	yell at him. A. I I would have to give that more thought	21 22	A. That's not very large, yes.Q. Okay. So you have the first law of
23	to explain why the	23	thermodynamics and the second law of thermodynamics,
24 25	Q. Now is your time for an answer. I'm not coming back another day.	24 25	it's going to increase the average temperature in the room if you turn on the Bair Hugger; correct?
	D 440		D 241
1	Page 239	1	Page 241
1 2	A. Okay.Q. Do you know the answer to that? "Yes" or	1 2	A. Say that again.Q. The Bair Hugger is going to increase the
2 3	A. Okay. Q. Do you know the answer to that? "Yes" or "no."	2 3	A. Say that again. Q. The Bair Hugger is going to increase the temperature of the room. You have another heat source
2 3 4 5	 A. Okay. Q. Do you know the answer to that? "Yes" or "no." A. Not at the moment without further thought. Q. What further thought? Would it violate the 	2 3 4 5	A. Say that again. Q. The Bair Hugger is going to increase the temperature of the room. You have another heat source of of of a device blowing 40-degree Celsius air at 43 to 45 cfm. It's going to
2 3 4	A. Okay.Q. Do you know the answer to that? "Yes" or "no."A. Not at the moment without further thought.	2 3 4	A. Say that again. Q. The Bair Hugger is going to increase the temperature of the room. You have another heat source of of of a device blowing 40-degree Celsius air
2 3 4 5 6 7 8	 A. Okay. Q. Do you know the answer to that? "Yes" or "no." A. Not at the moment without further thought. Q. What further thought? Would it violate the first law of thermodynamics? A. I'd have to think about other aspects of the airflow in the room that may have affected that. 	2 3 4 5 6 7 8	A. Say that again. Q. The Bair Hugger is going to increase the temperature of the room. You have another heat source of of of a device blowing 40-degree Celsius air at 43 to 45 cfm. It's going to It's a heater, it's a space heater. A. Yes, it's a heater. Q. Okay. It's going to affect the temperature
2 3 4 5 6 7 8 9	 A. Okay. Q. Do you know the answer to that? "Yes" or "no." A. Not at the moment without further thought. Q. What further thought? Would it violate the first law of thermodynamics? A. I'd have to think about other aspects of the airflow in the room that may have affected that. Q. What other aspects are there? We have the ventilation that we have accounted for. That's been 	2 3 4 5 6 7 8 9 10	A. Say that again. Q. The Bair Hugger is going to increase the temperature of the room. You have another heat source of of of a device blowing 40-degree Celsius air at 43 to 45 cfm. It's going to It's a heater, it's a space heater. A. Yes, it's a heater. Q. Okay. It's going to affect the temperature of the room. It's not going to decrease the temperature; correct?
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2 3 4 5 6 7 8 9 10 11 12 13 14 15	 A. Okay. Q. Do you know the answer to that? "Yes" or "no." A. Not at the moment without further thought. Q. What further thought? Would it violate the first law of thermodynamics? A. I'd have to think about other aspects of the airflow in the room that may have affected that. Q. What other aspects are there? We have the ventilation that we have accounted for. That's been constant. Okay? What what other aspects? A. I am not sure the ventilation rate was constant. Q. Well do you know one way or the other? A. I do not know. 	2 3 4 5 6 7 8 9 10 11 12 13 14 15	A. Say that again. Q. The Bair Hugger is going to increase the temperature of the room. You have another heat source of of of a device blowing 40-degree Celsius air at 43 to 45 cfm. It's going to It's a heater, it's a space heater. A. Yes, it's a heater. Q. Okay. It's going to affect the temperature of the room. It's not going to decrease the temperature; correct? A. Right. Q. Okay. But we have a decrease here; correct? A. That that's what it shows. Q. Okay. You agree that these numbers are not reliable.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. Okay. Q. Do you know the answer to that? "Yes" or "no." A. Not at the moment without further thought. Q. What further thought? Would it violate the first law of thermodynamics? A. I'd have to think about other aspects of the airflow in the room that may have affected that. Q. What other aspects are there? We have the ventilation that we have accounted for. That's been constant. Okay? What what other aspects? A. I am not sure the ventilation rate was constant. Q. Well do you know one way or the other? A. I do not know. Q. Okay. Well if it wasn't constant, that's	2 3 4 5 6 7 8 9 10 11 12 13 14	A. Say that again. Q. The Bair Hugger is going to increase the temperature of the room. You have another heat source of of of a device blowing 40-degree Celsius air at 43 to 45 cfm. It's going to It's a heater, it's a space heater. A. Yes, it's a heater. Q. Okay. It's going to affect the temperature of the room. It's not going to decrease the temperature; correct? A. Right. Q. Okay. But we have a decrease here; correct? A. That that's what it shows. Q. Okay. You agree that these numbers are not reliable. MR. GOSS: Objection to form.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Okay. Q. Do you know the answer to that? "Yes" or "no." A. Not at the moment without further thought. Q. What further thought? Would it violate the first law of thermodynamics? A. I'd have to think about other aspects of the airflow in the room that may have affected that. Q. What other aspects are there? We have the ventilation that we have accounted for. That's been constant. Okay? What what other aspects? A. I am not sure the ventilation rate was constant. Q. Well do you know one way or the other? A. I do not know. Q. Okay. Well if it wasn't constant, that's going to affect all your results; correct? A. I would not think it would affect the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Say that again. Q. The Bair Hugger is going to increase the temperature of the room. You have another heat source of of of a device blowing 40-degree Celsius air at 43 to 45 cfm. It's going to It's a heater, it's a space heater. A. Yes, it's a heater. Q. Okay. It's going to affect the temperature of the room. It's not going to decrease the temperature; correct? A. Right. Q. Okay. But we have a decrease here; correct? A. That that's what it shows. Q. Okay. You agree that these numbers are not reliable. MR. GOSS: Objection to form. A. I would I would argue with not being reliable. Those those are the measurements that we
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Okay. Q. Do you know the answer to that? "Yes" or "no." A. Not at the moment without further thought. Q. What further thought? Would it violate the first law of thermodynamics? A. I'd have to think about other aspects of the airflow in the room that may have affected that. Q. What other aspects are there? We have the ventilation that we have accounted for. That's been constant. Okay? What what other aspects? A. I am not sure the ventilation rate was constant. Q. Well do you know one way or the other? A. I do not know. Q. Okay. Well if it wasn't constant, that's going to affect all your results; correct? A. I would not think it would affect the results right near the Bair Hugger blanket or right near the inlet to the filter. Q. Well it's affecting the area right above the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Say that again. Q. The Bair Hugger is going to increase the temperature of the room. You have another heat source of of of a device blowing 40-degree Celsius air at 43 to 45 cfm. It's going to It's a heater, it's a space heater. A. Yes, it's a heater. Q. Okay. It's going to affect the temperature of the room. It's not going to decrease the temperature; correct? A. Right. Q. Okay. But we have a decrease here; correct? A. That that's what it shows. Q. Okay. You agree that these numbers are not reliable. MR. GOSS: Objection to form. A. I would I would argue with not being reliable. Those those are the measurements that we made at the time. Q. Part of your job as an engineer is to look at the reliability of the data you obtain; correct?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. Okay. Q. Do you know the answer to that? "Yes" or "no." A. Not at the moment without further thought. Q. What further thought? Would it violate the first law of thermodynamics? A. I'd have to think about other aspects of the airflow in the room that may have affected that. Q. What other aspects are there? We have the ventilation that we have accounted for. That's been constant. Okay? What what other aspects? A. I am not sure the ventilation rate was constant. Q. Well do you know one way or the other? A. I do not know. Q. Okay. Well if it wasn't constant, that's going to affect all your results; correct? A. I would not think it would affect the results right near the Bair Hugger blanket or right near the inlet to the filter.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. Say that again. Q. The Bair Hugger is going to increase the temperature of the room. You have another heat source of of of a device blowing 40-degree Celsius air at 43 to 45 cfm. It's going to It's a heater, it's a space heater. A. Yes, it's a heater. Q. Okay. It's going to affect the temperature of the room. It's not going to decrease the temperature; correct? A. Right. Q. Okay. But we have a decrease here; correct? A. That that's what it shows. Q. Okay. You agree that these numbers are not reliable. MR. GOSS: Objection to form. A. I would I would argue with not being reliable. Those those are the measurements that we made at the time. Q. Part of your job as an engineer is to look

	Page 242		Page 244	
1	Q. You have a project	1	Q. Show me an engineering calculation in which	
2	And this is where the hypothesis is very	2	you add a heat source to a room and the and the	
3	important. Okay? Hypothesis: I have a Bair Hugger	3	temperature of the room that's the only change in	
4	in a room. I turn it on. It's going to increase the	4	the room, you add a heat source, okay, above the	
5	temperature. That would be a correct hypothesis in	5	ambient temperature, that the temperature actually	
6	that situation; correct?	6	goes below ambient. Can you give me a calculation and	
7	A. Yes.	7	engineering principles that could solve that equation?	
8	Q. Okay. And all of a sudden you turn it on	8	A. It may have to do with the initial	
9	and you get something against the hypothesis, it	9	temperature of the room being being low and the	
10	decreases the temperature according to your data;	10	heat being ab absorbed by those low-temperature	
11	correct?	11	surfaces.	
12	MR. GOSS: Objection to form.	12	Q. You turn on the Bair Hugger and the	
13	A. That that's what it appears, yes.	13	temperature started going down. The room was	
14	Q. That's the measurements you took; correct?	14	constant. Okay? How does this result occur unless	
15	A. Yes.	15	these are wrong results and therefore not reliable?	
16	Q. Not only does this violate the first and	16	MR. GOSS: Objection to form, misstates the	
17	second laws of thermodynamics, it doesn't make sense;	17	experiment.	
18	correct?	18	MR. ASSAAD: I just want him to answer the	
19	A. Can I interject something here?	19	question.	
20	Q. "Yes" or "no," then you can do that.	20	Q. Do we need to go back to engineering ethics	
21	MR. GOSS: You can you can answer his	21	about honesty, integrity, fidelity?	
22	question.	22	MR. GOSS: Badgering.	
23	A. It in	23	Q. It's a simple question, doctor. You know	
24	From a straight heat-transfer standpoint,	24	these these are not reliable. Just admit to it.	
25	no, it does not make sense.	25	MR. GOSS: No. Objection to form,	
				1
	Page 243		Page 245	
1	Q. Okay. Therefore it's not reliable.	1	argumentative, badgering.	
2	MR. GOSS: Object to form.	2	A. I I stand by the results as as	
3	A. I guess I guess one could come to that	3	obtained.	
4	conclusion.	4	Q. I don't care if you stand by them or not. I	
5	Q. Well what do you come to? Do you believe	5	want to know if these are reliable. Answer the	
6	this data here is reliable with respect to the	6	question.	
7	measurements on Exhibit B of your Exhibit 1 of your	7	MR. GOSS: He answered the question.	
8	report, which is three inches over the hip, and when	8	MR. ASSAAD: No, he hasn't.	
_	the Bair Hugger is turned on the temperature above the		MR. GOSS: You don't have to say anything	
10	hip goes down? Does that make engineering sense?	10	further on this. You answered the question.	
11	A. It may not.	11	Q. Then I'm going assume that it's not reliable	
12	Q. You agree with me, doctor, that this is not	12 13	according to your testimony. Fair enough? MR. GOSS: You can assume whatever you want.	
13 14	reliable data with this set of data points; correct? MR. GOSS: Objection to form, asked and	14	He testified that he stands by the results.	
15		15	Q. How are these temperatures higher or lower	
16	answered. MR. ASSAAD: He hasn't answered the	16		
	question.	17	than the air going into the air return? A. I I can't answer that. I don't have a	
17	MR. GOSS: Yeah, I think he has.	18	good explanation for that.	
17	A. I'll I'll agree with you.	19	Q. Go to the page before that. "Over center of	
18	(A. 111 111 agila, with VUII.	エフ	Q. So to the page before that. Over center of	Ш
18 19		20	anesthesia screen, 3 inches above ton (Center)." Now	
18 19 20	Q. It's not reliable; correct?	20 21	anesthesia screen, 3 inches above top (Center)." Now the diffuser's on the ceiling: correct?	
18 19 20 21	Q. It's not reliable; correct?MR. GOSS: Objection to form.	21	the diffuser's on the ceiling; correct?	
18 19 20	Q. It's not reliable; correct?			

24

25

A. Yes.

Q. Okay. Are they all spread evenly in the

MR. GOSS: Objection to form.

A. Again, how do you define "reliable?"

24

25

	Page 246		Page 248
1	ceiling?	1	correct?
2	A. Yes, they're they're lined up.	2	MR. GOSS: Object to the form.
3	Q. Okay. Did you take any pictures?	3	A. I'm not claiming this is what happens in an
4	A. Not of those, no.	4	actual operating room.
5	Q. Okay. That would be something important	5	Q. Okay. What's the longest time you had the
6	to to have today; wouldn't it?	6	Bair Hugger on? How long did you have the Bair Hugger
7	A. If this was set up as a simulated OR, yes,	7	on?
8	but I admit it's not a typical OR setup.	8	A. Maybe an hour, hour and a half.
9	Q. So you have air coming out at 72 degrees	9	Q. It was on continuously for an hour, hour and
10	except you read when the when the Bair Hugger is on	10	a half.
11	but on ambient it's 64.9 degrees. How do you get that	11	A. Yes.
12	temperature?	12	Q. Where where does it say that in the
13	Not only is it below the 66 degrees that you	13	report?
14	think the room is at or you stated was in the report,	14	A. It doesn't.
15	but it's below the 72.	15	Q. So how do I know that?
16	A. That does strike me as unusual.	16	MR. GOSS: He just testified to it.
17	Q. Is that a reliable number?	17	Q. Besides your testimony, how do I know that?
18	A. I would say probably not.	18	A. Not other than my testimony.
19	Q. Okay. Did you determine where most of the	19	Q. At what time how long was the Bair Hugger
20	air	20	on when you
21	I asked you this before; I don't think I had	21	If you go to the "3 Inches Over Hip" where
22	an answer. Do you know where most of the air goes	22	it says "Off par Off parallel, Off
23	when it comes out of the blanket, where it escapes	23	perpendicular, On parallel, On perpendicular, On
24	from?	24	parallel, parallel, "how long was the
25	A. I did not determine that.	25	Bair Hugger on before you started taking those
23	71. I did not determine that.	23	Buil Hugger on before you started taking those
	Page 247		Page 249
1		1	
1 2	Page 247 Q. Would that be important to know where to make measurements?	1 2	measurements?
1 2 3	Q. Would that be important to know where to make measurements?	1 2 3	
2	Q. Would that be important to know where to make measurements? A. I was assuming that the blanket was was		measurements? A. Where are you? Back on the hip page? Q. Uh-huh.
2 3 4	Q. Would that be important to know where to make measurements? A. I was assuming that the blanket was was taped as it should be on the lower-body end, and so	3	measurements? A. Where are you? Back on the hip page?
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. Would that be important to know where to make measurements? A. I was assuming that the blanket was was taped as it should be on the lower-body end, and so the air would be coming out near the head and shoulder area. Q. Why would you assume it comes out near the head and shoulder? A. Because of the blanket that's put over the Bair Hugger blanket. Q. Yeah. But it's also going over the arm; correct? A. Yes. Yes. Q. That's not the head and shoulder. A. Well I I should include that then. Q. Okay. So now we got the head and shoulder, the arm. Do you know where the air escaped? Does it escape Do you know how it's set up in an operating room? A. None other than the way observed here. Q. Well doctor, you you you're here as an	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	measurements? A. Where are you? Back on the hip page? Q. Uh-huh. A. I do not record that information, so I I do not recall. Q. So I I I mean you don't recall, so sitting here today I cannot determine the methodology used and reproduce what you did in this case; correct? MR. GOSS: Objection to form. Q. Because you don't know. MR. GOSS: Wait for him to ask a question. Q. You don't know, do you, what you did sitting here today? MR. GOSS: Object to form. A. I do, but not some of the details you're asking about. Q. Well details are important; isn't it? A. Yes. Q. I mean would you accept a report like this from one of your students doing a thesis for a Ph.D.? A. Not solely, no. Q. I mean you'd expect some sort of methodology
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. Would that be important to know where to make measurements? A. I was assuming that the blanket was was taped as it should be on the lower-body end, and so the air would be coming out near the head and shoulder area. Q. Why would you assume it comes out near the head and shoulder? A. Because of the blanket that's put over the Bair Hugger blanket. Q. Yeah. But it's also going over the arm; correct? A. Yes. Yes. Q. That's not the head and shoulder. A. Well I I should include that then. Q. Okay. So now we got the head and shoulder, the arm. Do you know where the air escaped? Does it escape Do you know how it's set up in an operating room? A. None other than the way observed here. Q. Well doctor, you you you're here as an	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	measurements? A. Where are you? Back on the hip page? Q. Uh-huh. A. I do not record that information, so I I do not recall. Q. So I I I mean you don't recall, so sitting here today I cannot determine the methodology used and reproduce what you did in this case; correct? MR. GOSS: Objection to form. Q. Because you don't know. MR. GOSS: Wait for him to ask a question. Q. You don't know, do you, what you did sitting here today? MR. GOSS: Object to form. A. I do, but not some of the details you're asking about. Q. Well details are important; isn't it? A. Yes. Q. I mean would you accept a report like this from one of your students doing a thesis for a Ph.D.? A. Not solely, no. Q. I mean you'd expect some sort of methodology

	D 250		D 252
	Page 250	4	Page 252
	Q. Okay. There's definitely no methodology	1	Q. We can't reproduce this; can we?
2	here that's indicated in this report; correct?	2	A. Not with what's here, no.
3	A. Yes.	3	Q. Okay. So therefore this report, based on
4	Q. And as of right now, the reliability is very	4	what's here, is not reliable.
5	questionable; correct?	5	MR. GOSS: Objection to form.
6	MR. GOSS: Objection to form, asked and	6	A. By inference, yes, I agree.
7	answered.	7	MR. ASSAAD: Let's take a break.
8	A. I would I would say reproducing the	8	THE REPORTER: Off the record, please.
9	results here would would be difficult.	9	(Recess taken.)
10	Q. And therefore, if you can't reproduce the	10	BY MR. ASSAAD:
11	results, not reliable.	11	Q. You don't consider yourself an expert with
12	MR. GOSS: Objection to form, asked and	12	respect to how skin squames are transported in an
13	answered.	13	operating room; correct?
14	Q. Correct?	14	A. That's true.
15	A. I think I answered that.	15	Q. You are aware that skin squames carry
16	Q. Correct?	16	bacteria; correct?
17	MR. GOSS: Objection to form, asked and	17	A. Yes.
18	answered.	18	Q. And are you aware that between one million
19	A. I think I answered that.	19	to 900 million skin squames are shed during a typical
20	Q. Are you afraid to answer this question	20	surgery?
21	again? It's a simple question.	21	A. I do not have not heard that number
22	MR. GOSS: Objection, argumentative,	22	before.
23	badgering.	23	Q. Are you familiar with the HVAC Design Manual
24	MR. ASSAAD: Counsel, tell him to answer the	24	for Hospitals and Clinics?
25	question.	25	A. The ASHRAE
	Page 251		Page 253
1		1	
1	MR. GOSS: No.	1	Q. Yes.
2	MR. ASSAD: Tell your expert to answer the	2 3	A Hospital Design Guide? Yes, I am.
3	question.		Q. And actually one of the contributors was Dan
4	MR. GOSS: No, I'm not going to.	4	Koenigshofer?
5	MR. ASSAAD: Oh, really?	5	A. Yes.
6	MR. GOSS: I'm not going to tell him to	6	Q. Have you read the HVAC Design Manual for
7	answer the question. He's already answered it.	7	Hospitals and Clinics recently? A. I have
8	MR. ASSAAD: No, he hasn't.	8	
9	Q. I'm asking as a	9	I don't think I'd read it prior to this
10	I didn't ask for one specific data, I'm	10	this case, no.
11	asking data as a whole. Since there's no methodology	11	Q. But you agree to for it to be
12	and it's not reproducible, therefore it can't be	12	authoritative, correct, in your in your field of
13	reliable; correct?	13	work?
14	MR. GOSS: You can't	14	A. In my opinion, yes, sir.
15	You haven't gone over all the data.	15	Q. Okay.
16	MR. ASSAAD: I don't need to go over	16	(Kuehn Exhibit 13 was marked for
17	Q. Exhibit B of your report, there's no	17	identification.)
18	methodology, can't be reproducible, therefore it's not	18	MR. ASSAAD: Did you say 13?
19	reliable; correct?	19	THE REPORTER: Yes.
20	MR. GOSS: Objection, asked and answered.	20	BY MR. ASSAAD:
21	A. If if that's how you define "reliable," I	21	Q. Now if you look on page v or five, Table of
22	will agree with that.	22	Contents
23	Q. Well how do you define "reliable?"	23	And I represent to you that I that I did
24 25	A. I think I would say something that that	24	not print out the entire manual, just some relevant
	could be reproduced.	25	parts. Fair enough?

	Page 254		Page 256
1	A. Yes.	1	Q. Okay. And you agree that ASHRAE, any of the
2	Q. I'd like you to turn to page 27. And it's	2	standards or best practices do not apply to medical
3	not in order, actually. The page after that.	3	devices; correct?
4	A. Okay.	4	A. I believe that's a correct statement.
5	Q. If you look at the highlighted section, it	5	Q. So to determine or to select a filter for a
6	states here, "Between 1 million and 900 million	6	medical device, you have to look at how the medical
7	squames are shed during surgery." Do you see that?	7	device is used and the environment of use; correct?
8	A. That's what it says.	8	A. That's correct.
9	Q. Okay. Do you disagree with that?	9	Q. Okay. The ASHRAE standard has is not
10	A. I do not disagree with that.	10	applicable at all to medical devices such as the Bair
11	Q. And actually, since you agreed this is	11	Hugger; correct?
12	authoritative, you must agree with it; correct?	12	A. It was not intended to be used for medical
13	A. Yes.	13	devices.
14	Q. Go to page 26, last paragraph. States,	14	Q. Go to page 157. There's a diagram that's
15	"Operating rooms are one of the most critical areas	15	highlighted. That's an operating room,
16	for infection control" Do you agree with that?	16	A. Yes.
17	A. I do.	17	Q a schematic of an operating room;
18	Q. Continues, "this is where patients are	18	correct?
19 20	opened to the surrounding environment while in an immune-suppressed condition." Do you agree with that?	19 20	A. Yes.
21	A. Yes.		Q. Are you familiar with how an HVAC system works in an operating room?
22	Q. "The patient is vulnerable to attack from	21 22	A. Not having worked with operating rooms
23	any infectious agents that get into the room and into	23	personally, I rely on documents such as this.
24	the surgical site." Do you agree with that?	24	Q. How many filters does does the air go
25	A. Yes.	25	through before it enters an operating room?
23	11. 105.	23	unough before it enters an operating room.
-			
	Page 255		Page 257
1		1	
1 2	Q. Also like you to turn to page 154, upper	1 2	A. I would as
2	Q. Also like you to turn to page 154, upper left-hand corner. Are you there?	2	A. I would as As what I have read, it's typically two.
	Q. Also like you to turn to page 154, upper left-hand corner. Are you there? A. Yes.		A. I would asAs what I have read, it's typically two.Q. Okay. There's a there's a prefilter,
2 3	Q. Also like you to turn to page 154, upper left-hand corner. Are you there?A. Yes.Q. Under 8.3 it discusses operating rooms.	2 3	A. I would as As what I have read, it's typically two. Q. Okay. There's a there's a prefilter, which is usually like a MERV 7, and then the MERV 14
2 3 4	Q. Also like you to turn to page 154, upper left-hand corner. Are you there? A. Yes.	2 3 4	A. I would asAs what I have read, it's typically two.Q. Okay. There's a there's a prefilter,
2 3 4 5	 Q. Also like you to turn to page 154, upper left-hand corner. Are you there? A. Yes. Q. Under 8.3 it discusses operating rooms. Have you read this section before? 	2 3 4 5	A. I would as As what I have read, it's typically two. Q. Okay. There's a there's a prefilter, which is usually like a MERV 7, and then the MERV 14 filter; correct?
2 3 4 5 6	 Q. Also like you to turn to page 154, upper left-hand corner. Are you there? A. Yes. Q. Under 8.3 it discusses operating rooms. Have you read this section before? A. I believe I have. 	2 3 4 5 6	A. I would as As what I have read, it's typically two. Q. Okay. There's a there's a prefilter, which is usually like a MERV 7, and then the MERV 14 filter; correct? A. Yes.
2 3 4 5 6 7	 Q. Also like you to turn to page 154, upper left-hand corner. Are you there? A. Yes. Q. Under 8.3 it discusses operating rooms. Have you read this section before? A. I believe I have. Q. First sentence, "The purposes of the HVAC 	2 3 4 5 6 7	A. I would as As what I have read, it's typically two. Q. Okay. There's a there's a prefilter, which is usually like a MERV 7, and then the MERV 14 filter; correct? A. Yes. Q. Okay. And you agree with me that an
2 3 4 5 6 7 8	Q. Also like you to turn to page 154, upper left-hand corner. Are you there? A. Yes. Q. Under 8.3 it discusses operating rooms. Have you read this section before? A. I believe I have. Q. First sentence, "The purposes of the HVAC system in an operating room are to minimize infection, maintain staff comfort, and maintain patient comfort." Did I read that correctly?	2 3 4 5 6 7 8	A. I would as As what I have read, it's typically two. Q. Okay. There's a there's a prefilter, which is usually like a MERV 7, and then the MERV 14 filter; correct? A. Yes. Q. Okay. And you agree with me that an operating room ventilation system is not drawing from
2 3 4 5 6 7 8 9 10	Q. Also like you to turn to page 154, upper left-hand corner. Are you there? A. Yes. Q. Under 8.3 it discusses operating rooms. Have you read this section before? A. I believe I have. Q. First sentence, "The purposes of the HVAC system in an operating room are to minimize infection, maintain staff comfort, and maintain patient comfort." Did I read that correctly? A. You did read that correctly.	2 3 4 5 6 7 8 9 10	A. I would as As what I have read, it's typically two. Q. Okay. There's a there's a prefilter, which is usually like a MERV 7, and then the MERV 14 filter; correct? A. Yes. Q. Okay. And you agree with me that an operating room ventilation system is not drawing from air below the operating room table; correct? A. Say that again. Q. It's not drawing the intake that
2 3 4 5 6 7 8 9 10 11 12	Q. Also like you to turn to page 154, upper left-hand corner. Are you there? A. Yes. Q. Under 8.3 it discusses operating rooms. Have you read this section before? A. I believe I have. Q. First sentence, "The purposes of the HVAC system in an operating room are to minimize infection, maintain staff comfort, and maintain patient comfort." Did I read that correctly? A. You did read that correctly. Q. Do you agree with that?	2 3 4 5 6 7 8 9 10 11 12	A. I would as As what I have read, it's typically two. Q. Okay. There's a there's a prefilter, which is usually like a MERV 7, and then the MERV 14 filter; correct? A. Yes. Q. Okay. And you agree with me that an operating room ventilation system is not drawing from air below the operating room table; correct? A. Say that again. Q. It's not drawing the intake that The air where it's drawing from is not from
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2 3 4 5 6 7 8 9 10 11 12 13 14	Q. Also like you to turn to page 154, upper left-hand corner. Are you there? A. Yes. Q. Under 8.3 it discusses operating rooms. Have you read this section before? A. I believe I have. Q. First sentence, "The purposes of the HVAC system in an operating room are to minimize infection, maintain staff comfort, and maintain patient comfort." Did I read that correctly? A. You did read that correctly. Q. Do you agree with that? A. I do. Q. Now you agree with me that ASHRAE is a	2 3 4 5 6 7 8 9 10 11 12 13 14	A. I would as As what I have read, it's typically two. Q. Okay. There's a there's a prefilter, which is usually like a MERV 7, and then the MERV 14 filter; correct? A. Yes. Q. Okay. And you agree with me that an operating room ventilation system is not drawing from air below the operating room table; correct? A. Say that again. Q. It's not drawing the intake that The air where it's drawing from is not from below the operating room table; correct? A. It's it's not from below the table, it's
2 3 4 5 6 7 8 9 10 11 12 13 14 15	Q. Also like you to turn to page 154, upper left-hand corner. Are you there? A. Yes. Q. Under 8.3 it discusses operating rooms. Have you read this section before? A. I believe I have. Q. First sentence, "The purposes of the HVAC system in an operating room are to minimize infection, maintain staff comfort, and maintain patient comfort." Did I read that correctly? A. You did read that correctly. Q. Do you agree with that? A. I do. Q. Now you agree with me that ASHRAE is a standard a a minimum standard; correct?	2 3 4 5 6 7 8 9 10 11 12 13 14 15	A. I would as As what I have read, it's typically two. Q. Okay. There's a there's a prefilter, which is usually like a MERV 7, and then the MERV 14 filter; correct? A. Yes. Q. Okay. And you agree with me that an operating room ventilation system is not drawing from air below the operating room table; correct? A. Say that again. Q. It's not drawing the intake that The air where it's drawing from is not from below the operating room table; correct? A. It's it's not from below the table, it's from below sidewall return grilles.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. Also like you to turn to page 154, upper left-hand corner. Are you there? A. Yes. Q. Under 8.3 it discusses operating rooms. Have you read this section before? A. I believe I have. Q. First sentence, "The purposes of the HVAC system in an operating room are to minimize infection, maintain staff comfort, and maintain patient comfort." Did I read that correctly? A. You did read that correctly. Q. Do you agree with that? A. I do. Q. Now you agree with me that ASHRAE is a standard a a minimum standard; correct? MR. GOSS: Objection, form.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. I would as As what I have read, it's typically two. Q. Okay. There's a there's a prefilter, which is usually like a MERV 7, and then the MERV 14 filter; correct? A. Yes. Q. Okay. And you agree with me that an operating room ventilation system is not drawing from air below the operating room table; correct? A. Say that again. Q. It's not drawing the intake that The air where it's drawing from is not from below the operating room table; correct? A. It's it's not from below the table, it's from below sidewall return grilles. Q. And it's usually about 75 percent recycled
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Q. Also like you to turn to page 154, upper left-hand corner. Are you there? A. Yes. Q. Under 8.3 it discusses operating rooms. Have you read this section before? A. I believe I have. Q. First sentence, "The purposes of the HVAC system in an operating room are to minimize infection, maintain staff comfort, and maintain patient comfort." Did I read that correctly? A. You did read that correctly. Q. Do you agree with that? A. I do. Q. Now you agree with me that ASHRAE is a standard a a minimum standard; correct? MR. GOSS: Objection, form. A. It's intended to be a minimum standard, yes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. I would as As what I have read, it's typically two. Q. Okay. There's a there's a prefilter, which is usually like a MERV 7, and then the MERV 14 filter; correct? A. Yes. Q. Okay. And you agree with me that an operating room ventilation system is not drawing from air below the operating room table; correct? A. Say that again. Q. It's not drawing the intake that The air where it's drawing from is not from below the operating room table; correct? A. It's it's not from below the table, it's from below sidewall return grilles. Q. And it's usually about 75 percent recycled air and 25 percent fresh air; correct?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q. Also like you to turn to page 154, upper left-hand corner. Are you there? A. Yes. Q. Under 8.3 it discusses operating rooms. Have you read this section before? A. I believe I have. Q. First sentence, "The purposes of the HVAC system in an operating room are to minimize infection, maintain staff comfort, and maintain patient comfort." Did I read that correctly? A. You did read that correctly. Q. Do you agree with that? A. I do. Q. Now you agree with me that ASHRAE is a standard a a minimum standard; correct? MR. GOSS: Objection, form. A. It's intended to be a minimum standard, yes. Q. Okay. It doesn't mean it's the best	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. I would as As what I have read, it's typically two. Q. Okay. There's a there's a prefilter, which is usually like a MERV 7, and then the MERV 14 filter; correct? A. Yes. Q. Okay. And you agree with me that an operating room ventilation system is not drawing from air below the operating room table; correct? A. Say that again. Q. It's not drawing the intake that The air where it's drawing from is not from below the operating room table; correct? A. It's it's not from below the table, it's from below sidewall return grilles. Q. And it's usually about 75 percent recycled air and 25 percent fresh air; correct? A. I recall 80/20, but you may be correct.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	Q. Also like you to turn to page 154, upper left-hand corner. Are you there? A. Yes. Q. Under 8.3 it discusses operating rooms. Have you read this section before? A. I believe I have. Q. First sentence, "The purposes of the HVAC system in an operating room are to minimize infection, maintain staff comfort, and maintain patient comfort." Did I read that correctly? A. You did read that correctly. Q. Do you agree with that? A. I do. Q. Now you agree with me that ASHRAE is a standard a a minimum standard; correct? MR. GOSS: Objection, form. A. It's intended to be a minimum standard, yes. Q. Okay. It doesn't mean it's the best practice, it's just a minimum standard; correct?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	A. I would as As what I have read, it's typically two. Q. Okay. There's a there's a prefilter, which is usually like a MERV 7, and then the MERV 14 filter; correct? A. Yes. Q. Okay. And you agree with me that an operating room ventilation system is not drawing from air below the operating room table; correct? A. Say that again. Q. It's not drawing the intake that The air where it's drawing from is not from below the operating room table; correct? A. It's it's not from below the table, it's from below sidewall return grilles. Q. And it's usually about 75 percent recycled air and 25 percent fresh air; correct? A. I recall 80/20, but you may be correct. Q. 80/20, depending on the system.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. Also like you to turn to page 154, upper left-hand corner. Are you there? A. Yes. Q. Under 8.3 it discusses operating rooms. Have you read this section before? A. I believe I have. Q. First sentence, "The purposes of the HVAC system in an operating room are to minimize infection, maintain staff comfort, and maintain patient comfort." Did I read that correctly? A. You did read that correctly. Q. Do you agree with that? A. I do. Q. Now you agree with me that ASHRAE is a standard a a minimum standard; correct? MR. GOSS: Objection, form. A. It's intended to be a minimum standard, yes. Q. Okay. It doesn't mean it's the best practice, it's just a minimum standard; correct? MR. GOSS: Objection to form, vague. A. That's typically the way well, this is a This is not an ASHRAE standard, it's an HVAC	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. I would as As what I have read, it's typically two. Q. Okay. There's a there's a prefilter, which is usually like a MERV 7, and then the MERV 14 filter; correct? A. Yes. Q. Okay. And you agree with me that an operating room ventilation system is not drawing from air below the operating room table; correct? A. Say that again. Q. It's not drawing the intake that The air where it's drawing from is not from below the operating room table; correct? A. It's it's not from below the table, it's from below sidewall return grilles. Q. And it's usually about 75 percent recycled air and 25 percent fresh air; correct? A. I recall 80/20, but you may be correct. Q. 80/20, depending on the system. A. Yes. Q. Okay. And you agree with me that in this picture here it talks about the heat sources that are typical in an operating room; correct?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. Also like you to turn to page 154, upper left-hand corner. Are you there? A. Yes. Q. Under 8.3 it discusses operating rooms. Have you read this section before? A. I believe I have. Q. First sentence, "The purposes of the HVAC system in an operating room are to minimize infection, maintain staff comfort, and maintain patient comfort." Did I read that correctly? A. You did read that correctly. Q. Do you agree with that? A. I do. Q. Now you agree with me that ASHRAE is a standard a a minimum standard; correct? MR. GOSS: Objection, form. A. It's intended to be a minimum standard, yes. Q. Okay. It doesn't mean it's the best practice, it's just a minimum standard; correct? MR. GOSS: Objection to form, vague. A. That's typically the way well, this is a	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. I would as As what I have read, it's typically two. Q. Okay. There's a there's a prefilter, which is usually like a MERV 7, and then the MERV 14 filter; correct? A. Yes. Q. Okay. And you agree with me that an operating room ventilation system is not drawing from air below the operating room table; correct? A. Say that again. Q. It's not drawing the intake that The air where it's drawing from is not from below the operating room table; correct? A. It's it's not from below the table, it's from below sidewall return grilles. Q. And it's usually about 75 percent recycled air and 25 percent fresh air; correct? A. I recall 80/20, but you may be correct. Q. 80/20, depending on the system. A. Yes. Q. Okay. And you agree with me that in this picture here it talks about the heat sources that are

Page 258 Page 260 correct? Do you know why prosthetic surgeries or 1 1 orthopedic surgeries have a higher risk of surgical-2 A. Yes. 2 3 3 Q. All right. And how many watts is the Bair site infection? Hugger for producing -- how much --A. Not being a surgeon, I really can't answer 5 How many watts of heat is it producing? 5 that. 6 A. Off the top of my head I -- I --6 Q. Do you know whether or not the number of --7 I could hazard a guess, but I don't want to 7 number of bacteria required to cause a periprosthetic give you an exact number. I don't recall. 8 joint infection is the same as a superficial knee Q. Would that be something important to know, infection? 10 A. I --10 the effect of --A. It -- it -- it --11 11 Again, not being a surgeon or microbiologist, I -- I cannot comment on that. 12 Yes. 12 13 Q. -- of a unit in an operating room? 13 Q. Now you've read Dr. Elghabashi's report; 14 A. Yes. 14 correct? 15 Q. But you don't know that information sitting 15 A. His report, yes. Q. Okay. Do you understand his report? here today. 16 16 A. I could -- I could hazard a guess, but I A. I do. 17 17 don't know the exact number. Q. Okay. You've gone through all the 18 18 calculations or the equations? Q. Again, I don't want guessing, I want your 19 19 A. Not in sufficient detail, but I -- I get 20 expert opinion. 20 21 A. Okay. I cannot give you an exact number at 21 them, that he's done it correctly. 22 this point. 22 Q. Okay. So you agree with me that all the 23 Q. You agree that people produce heat; correct? 23 calculations that Elghabashi has done with respect to A. Yes. the analysis of an operating room was done correctly. 24 24 A. With the exception of the assumption of 106-25 O. And that should be taken into account of --25 Page 259 Page 261 of -degree Fahrenheit air leaving the blanket, which I 1 2 Well let's put it this way: When you look 2 don't think is correct. 3 3 at a problem, you have to look at the whole picture; Q. Okay. That's the only criticism you have of 4 correct? 4 his report. A. No. I also criticized the number of 5 A. Yes. 5 Q. You can't just take a -- a Bair Hugger and particles he assumed was getting at the -- into the 6 put it in isolation and not take into account the 7 critical-care area, the infection box. 7 Q. And why do you criticize that? barriers in airflow of the operating room and how many 8 people are in the operating room and the devices in A. He lists very large numbers of particles 9 originating near the floor ending up near the -- near 10 the operating room; correct? 10 A. That would be my assumption, yes. the critical-care area when the Bair Hugger was on, 11 11 Q. Okay. And you did not do that in this case; and my criticism of that was the -- it's approximately 12 12 correct? You didn't take into account the people in a million particles near the floor that he's using in 13 13 his calculations to arrive at his number near the the operating room; correct? 14 14 MR. GOSS: With respect to what part of the 15 critical-air area. 15 Q. Okay. What number should he have used? 16 report? 16 A. I -- I suggest he use the most appropriate 17 MR. ASSAAD: Any of the studies he's done, 17 value of CFU of bacteria aerosols per cubic meter per 18 any of the testing he did. 18 19 A. The only testing I did was with -- with the 19 cubic foot that's available in the literature. 20 20 Q. And that you found was 10 CFU's per cubic --Bair Hugger. per cubic meter? 21 Q. So you didn't take any of the people into 21 account; correct? 22 22 A. I went back to Galson and Goddard, the 23 A. Not with those tests, no. 23 number I included in my report, which I think is -- is high, but I used that as a starting point. 24 Q. Do you know why medical devices are --24 25 strike that. 25 Q. Which was what?

	Page 262		Page 264
1	A. I have to look in my report.	1	A. Well yes.
2	Q. Please do.	2	Q. I mean I mean we know at least one
3	Let me help you out here. Let's go to page	3	million skin squames fall during a typical surgery
4	13 of your report.	4	according to authoritative ASHRAE.
5	A. I I yes. Thank you. I found page 13.	5	A. Yes.
6	I was looking at the exhibits and it wasn't there.	6	Q. Okay. So
7	I see the number four CFU per cubic foot.	7	And Dr. Elghabashi has never stated in his
8	Q. Okay. What would that be per cubic meter?	8	report that those were colony-forming units, he just
9	A. Roughly it would be roughly 10 times	9	said they were skin squames; correct?
10	that.	10	A. I think he defined them as 10-micron
11	Q. So about 40?	11	particles.
12	A. Roughly 40, yes.	12	Q. Okay. He didn't say they were bacteria or
13	Q. Okay. And you got this number from where?	13	CFUs, he just said they were skin squames; correct?
14	A. From	14	A. Well as I recall he called them 10-micron
15	This was published years ago by a reference,	15	particles.
16	Galson and Goddard, an ASHRAE journal article.	16	Q. Do you understand how he calculated them to
17	Q. So we just read ASHRAE, which you consider	17	be 10-micron particles?
18	authoritative, that said between 100 and 900 million	18	A. I I don't know how he arrived at it.
19	skin squames fall during a typical surgery; correct?	19	Q. Did you not look at his appendix in in
20	A. That's what it said, yes.	20 21	his report?
21 22	Q. Okay. And you don't disagree with that; correct?	22	A. I cannot recall that at the moment.
23	A. No.	23	Q. Okay. And are you aware that Farhad
24	Q. Okay. And Elghabashi used three million,	24	Memarzadeh, as I like to call him, also used a 10-micron sphere as a shape that would be equivalent to a
25	correct, skin squames?	25	skin squame?
23	correct, skin squames:	23	skin squame:
	Page 263		
	1 uge 203		Page 265
1	A. His total particle count, yes, I think it	1	A. I don't recall seeing that article. I can't
2	A. His total particle count, yes, I think it was three.	2	A. I don't recall seeing that article. I can't comment on that.
2 3	A. His total particle count, yes, I think it was three.Q. One one million in each section; correct?	2 3	A. I don't recall seeing that article. I can't comment on that. Q. Are you aware that 3M cites that article on
2 3 4	 A. His total particle count, yes, I think it was three. Q. One one million in each section; correct? A. That's that's my understanding. 	2 3 4	A. I don't recall seeing that article. I can't comment on that. Q. Are you aware that 3M cites that article on numerous letters that they send to their valued
2 3 4 5	 A. His total particle count, yes, I think it was three. Q. One one million in each section; correct? A. That's that's my understanding. Q. That's on the lower side of 900 million; 	2 3 4 5	A. I don't recall seeing that article. I can't comment on that. Q. Are you aware that 3M cites that article on numerous letters that they send to their valued customers, doctors?
2 3 4 5 6	 A. His total particle count, yes, I think it was three. Q. One one million in each section; correct? A. That's that's my understanding. Q. That's on the lower side of 900 million; correct? 	2 3 4 5 6	A. I don't recall seeing that article. I can't comment on that. Q. Are you aware that 3M cites that article on numerous letters that they send to their valued customers, doctors? A. I I am not aware of that, no.
2 3 4 5 6 7	 A. His total particle count, yes, I think it was three. Q. One one million in each section; correct? A. That's that's my understanding. Q. That's on the lower side of 900 million; correct? A. Repeat the question. 	2 3 4 5 6 7	A. I don't recall seeing that article. I can't comment on that. Q. Are you aware that 3M cites that article on numerous letters that they send to their valued customers, doctors? A. I I am not aware of that, no. Q. You haven't seen any of those documents;
2 3 4 5 6 7 8	 A. His total particle count, yes, I think it was three. Q. One one million in each section; correct? A. That's that's my understanding. Q. That's on the lower side of 900 million; correct? A. Repeat the question. Q. I mean three million is much lower than 900 	2 3 4 5 6 7 8	A. I don't recall seeing that article. I can't comment on that. Q. Are you aware that 3M cites that article on numerous letters that they send to their valued customers, doctors? A. I I am not aware of that, no. Q. You haven't seen any of those documents; have you?
2 3 4 5 6 7 8 9	 A. His total particle count, yes, I think it was three. Q. One one million in each section; correct? A. That's that's my understanding. Q. That's on the lower side of 900 million; correct? A. Repeat the question. Q. I mean three million is much lower than 900 million. 	2 3 4 5 6 7 8 9	A. I don't recall seeing that article. I can't comment on that. Q. Are you aware that 3M cites that article on numerous letters that they send to their valued customers, doctors? A. I I am not aware of that, no. Q. You haven't seen any of those documents; have you? A. I have not.
2 3 4 5 6 7 8 9 10	 A. His total particle count, yes, I think it was three. Q. One one million in each section; correct? A. That's that's my understanding. Q. That's on the lower side of 900 million; correct? A. Repeat the question. Q. I mean three million is much lower than 900 million. A. Yes. 	2 3 4 5 6 7 8 9 10	A. I don't recall seeing that article. I can't comment on that. Q. Are you aware that 3M cites that article on numerous letters that they send to their valued customers, doctors? A. I I am not aware of that, no. Q. You haven't seen any of those documents; have you? A. I have not. Q. Okay. And do you understand why he used a
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2 3 4 5 6 7 8 9 10 11 12	 A. His total particle count, yes, I think it was three. Q. One one million in each section; correct? A. That's that's my understanding. Q. That's on the lower side of 900 million; correct? A. Repeat the question. Q. I mean three million is much lower than 900 million. A. Yes. Q. Okay. And the squim the squib scale The skin squames, they fall from the patient 	2 3 4 5 6 7 8 9 10 11 12	A. I don't recall seeing that article. I can't comment on that. Q. Are you aware that 3M cites that article on numerous letters that they send to their valued customers, doctors? A. I I am not aware of that, no. Q. You haven't seen any of those documents; have you? A. I have not. Q. Okay. And do you understand why he used a 10-micron particle? A. Yes.
2 3 4 5 6 7 8 9 10 11 12 13	 A. His total particle count, yes, I think it was three. Q. One one million in each section; correct? A. That's that's my understanding. Q. That's on the lower side of 900 million; correct? A. Repeat the question. Q. I mean three million is much lower than 900 million. A. Yes. Q. Okay. And the squim the squib scale The skin squames, they fall from the patient as well as the surgical staff; correct? 	2 3 4 5 6 7 8 9 10 11 12 13	A. I don't recall seeing that article. I can't comment on that. Q. Are you aware that 3M cites that article on numerous letters that they send to their valued customers, doctors? A. I I am not aware of that, no. Q. You haven't seen any of those documents; have you? A. I have not. Q. Okay. And do you understand why he used a 10-micron particle? A. Yes. Q. Why?
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2 3 4 5 6 7 8 9 10 11 12 13 14 15	 A. His total particle count, yes, I think it was three. Q. One one million in each section; correct? A. That's that's my understanding. Q. That's on the lower side of 900 million; correct? A. Repeat the question. Q. I mean three million is much lower than 900 million. A. Yes. Q. Okay. And the squim the squib scale The skin squames, they fall from the patient as well as the surgical staff; correct? A. Yes. Q. They're around the operating room; correct? 	2 3 4 5 6 7 8 9 10 11 12 13 14 15	A. I don't recall seeing that article. I can't comment on that. Q. Are you aware that 3M cites that article on numerous letters that they send to their valued customers, doctors? A. I I am not aware of that, no. Q. You haven't seen any of those documents; have you? A. I have not. Q. Okay. And do you understand why he used a 10-micron particle? A. Yes. Q. Why? A. That that's a particle that could contain infectious bacteria.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	 A. His total particle count, yes, I think it was three. Q. One one million in each section; correct? A. That's that's my understanding. Q. That's on the lower side of 900 million; correct? A. Repeat the question. Q. I mean three million is much lower than 900 million. A. Yes. Q. Okay. And the squim the squib scale The skin squames, they fall from the patient as well as the surgical staff; correct? A. Yes. Q. They're around the operating room; correct? A. Yes. 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. I don't recall seeing that article. I can't comment on that. Q. Are you aware that 3M cites that article on numerous letters that they send to their valued customers, doctors? A. I I am not aware of that, no. Q. You haven't seen any of those documents; have you? A. I have not. Q. Okay. And do you understand why he used a 10-micron particle? A. Yes. Q. Why? A. That that's a particle that could contain infectious bacteria. Q. Do you know why he used a spherical particle
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	 A. His total particle count, yes, I think it was three. Q. One one million in each section; correct? A. That's that's my understanding. Q. That's on the lower side of 900 million; correct? A. Repeat the question. Q. I mean three million is much lower than 900 million. A. Yes. Q. Okay. And the squim the squib scale The skin squames, they fall from the patient as well as the surgical staff; correct? A. Yes. Q. They're around the operating room; correct? A. Yes. Q. Do you know whether or not the value taken 	2 3 4 5 6 7 8 9 10 11 12 13 14 15	A. I don't recall seeing that article. I can't comment on that. Q. Are you aware that 3M cites that article on numerous letters that they send to their valued customers, doctors? A. I I am not aware of that, no. Q. You haven't seen any of those documents; have you? A. I have not. Q. Okay. And do you understand why he used a 10-micron particle? A. Yes. Q. Why? A. That that's a particle that could contain infectious bacteria.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	 A. His total particle count, yes, I think it was three. Q. One one million in each section; correct? A. That's that's my understanding. Q. That's on the lower side of 900 million; correct? A. Repeat the question. Q. I mean three million is much lower than 900 million. A. Yes. Q. Okay. And the squim the squib scale The skin squames, they fall from the patient as well as the surgical staff; correct? A. Yes. Q. They're around the operating room; correct? A. Yes. Q. Do you know whether or not the value taken by Galson and Goddard were underneath the operating room table around the surgical site, or just the 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. I don't recall seeing that article. I can't comment on that. Q. Are you aware that 3M cites that article on numerous letters that they send to their valued customers, doctors? A. I I am not aware of that, no. Q. You haven't seen any of those documents; have you? A. I have not. Q. Okay. And do you understand why he used a 10-micron particle? A. Yes. Q. Why? A. That that's a particle that could contain infectious bacteria. Q. Do you know why he used a spherical particle instead of the shape of a skin squame?
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	Page 266		Page 268
1	·	1	·
1	that sort of thing.	1 2	identification.) BY MR. ASSAAD:
2 3	Q. Exactly. And that's why you use a 10-micron sphere. And if you look at his calculation, that's	3	Q. Dr. Kuehn, I represent that Exhibit 14 is a
4	how he calcu that's the aerodynamic diameter of a	4	CFD image or an image produced by CFD by defense
5	skin squame, of an average skin squame. Do you agree	5	expert Dr. Abraham. Have you seen this document
6	with that?	6	before?
7	A. I I don't I don't know that I've seen	7	A. I have not.
8	that information, but that seems reasonable.	8	Q. Do you understand what this document is by
9	Q. Okay. You don't disagree with the 10-micron	9	looking at it as a as an engineer?
10	size.	10	A. I have a rough idea, yes.
11	A. I don't disagree with it.	11	Q. Would you agree with me that's airflow based
12	Q. Okay. So the two things that you disagree	12	on a CFD analysis of an operating room? Correct?
13	with Elghabashi are the amount of skin squames or	13	A. I'm not sure I have the entire image here.
14	particles on the floor	14	Looks like the walls are missing on the left- and
15	Were they on the floor or above the floor?	15	right-hand sides.
16	A. Above the floor. They were in a given	16	Q. But it's airflow in an operating room with
17	volume.	17	there being a surgical table and a patient and lights
18	Q. Huh?	18	and everything.
19	A. They were in a specified volume above the	19	A. That's what it looks like, yeah.
20	floor.	20	Q. And that's what I represent to you, that
21 22	Q. But they weren't on the floor.A. No.	21 22	this was produced to us by defense in this case. Do you see the the vectors of air
23	Q. Do you know why he didn't put them on the	23	underneath the operating room table?
24	floor?	24	A. Yes.
25	A. I I I do not know his reasoning, no.	25	Q. You see that it's very turbulent underneath
	The first many martings, not		Q. Tou see and the very ture under mineral
	Page 267		Page 269
1	Q. Okay. And the other criticism is the	1	there; correct?
2	temperature coming out of the blanket.	2	A. A lot of recirculation, yes.
3	A. Yes.		, ,
_		3	Q. And this supports your opinion that there's
4	Q. Okay. And that's based on your own	4	Q. And this supports your opinion that there's probably very little air exchange underneath the
4 5	measurements that you did in Exhibit B; correct?	4 5	Q. And this supports your opinion that there's probably very little air exchange underneath the operating room table; correct?
4 5 6	measurements that you did in Exhibit B; correct? A. Yes.	4 5 6	Q. And this supports your opinion that there's probably very little air exchange underneath the operating room table; correct? A. Well less than the other parts of the room.
4 5 6 7	measurements that you did in Exhibit B; correct? A. Yes. Q. Okay. So what's your basis, if we're just	4 5 6 7	 Q. And this supports your opinion that there's probably very little air exchange underneath the operating room table; correct? A. Well less than the other parts of the room. Q. Much less.
4 5 6 7 8	measurements that you did in Exhibit B; correct? A. Yes. Q. Okay. So what's your basis, if we're just talking about particles or skin squames squames,	4 5 6 7 8	 Q. And this supports your opinion that there's probably very little air exchange underneath the operating room table; correct? A. Well less than the other parts of the room. Q. Much less. A. It would also depend on the the drapes
4 5 6 7 8 9	measurements that you did in Exhibit B; correct? A. Yes. Q. Okay. So what's your basis, if we're just talking about particles or skin squames squames, that using three million around the operating table is	4 5 6 7 8 9	 Q. And this supports your opinion that there's probably very little air exchange underneath the operating room table; correct? A. Well less than the other parts of the room. Q. Much less. A. It would also depend on the the drapes hanging down, how how far the edge of the drapes
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4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	measurements that you did in Exhibit B; correct? A. Yes. Q. Okay. So what's your basis, if we're just talking about particles or skin squames squames, that using three million around the operating table is unreasonable when ASHRAE states that between one one million to 900 million are shed during surgery? A. Well "shed during surgery" means the entire duration of the surgical procedure I would assume, you know, so therefore, since the room air is changing every or there's 15 to 20 air changes per hour, then most of these would follow airflow out of the room or be deposited on surfaces. Q. What's the airflow underneath the operating room table? A. The air change rate's probably quite low. Q. Is there any change air-change rate? A. There's probably some. Q. Very minimal; would you agree?	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. And this supports your opinion that there's probably very little air exchange underneath the operating room table; correct? A. Well less than the other parts of the room. Q. Much less. A. It would also depend on the the drapes hanging down, how how far the edge of the drapes are above the floor. Q. The longer the drapes, the less A. Less Q air exchange; correct? A. Yes. Q. And it creates more of an insulation from the air. A. Yes. Q. Okay. And when you have insulation, you have less airflow going in and out of the area underneath the drapes; correct? A. Yes. Q. Okay. And since you have less airflow going in and out of the drapes, you have less of a cooling
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	measurements that you did in Exhibit B; correct? A. Yes. Q. Okay. So what's your basis, if we're just talking about particles or skin squames squames, that using three million around the operating table is unreasonable when ASHRAE states that between one one million to 900 million are shed during surgery? A. Well "shed during surgery" means the entire duration of the surgical procedure I would assume, you know, so therefore, since the room air is changing every or there's 15 to 20 air changes per hour, then most of these would follow airflow out of the room or be deposited on surfaces. Q. What's the airflow underneath the operating room table? A. The air change rate's probably quite low. Q. Is there any change air-change rate? A. There's probably some.	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. And this supports your opinion that there's probably very little air exchange underneath the operating room table; correct? A. Well less than the other parts of the room. Q. Much less. A. It would also depend on the the drapes hanging down, how how far the edge of the drapes are above the floor. Q. The longer the drapes, the less A. Less Q air exchange; correct? A. Yes. Q. And it creates more of an insulation from the air. A. Yes. Q. Okay. And when you have insulation, you have less airflow going in and out of the area underneath the drapes; correct? A. Yes. Q. Okay. And since you have less airflow going

Page 270 Page 272 Q. Well the air is pretty -- pretty stagnant don't warm you up, your own body heat warms you up, it 1 underneath the operating room table if the drapes are just acts as an insulator to keep you warm; correct? 2 2 3 3 long; correct? A. Yes. 4 A. Yes. 4 Q. The same concept applies here with the Bair 5 Q. Okay. And you have the Bair Hugger that's 5 Hugger, correct, and the drapes? 6 underneath the drapes that's heating up that area; 6 A. Yes. The Bair Hugger is providing warmth to 7 correct? 7 the patient, yes. 8 MR. GOSS: Objection, form. 8 Q. And the drape is keeping all the -- it's --A. That's not the way we set our Bair Hugger it's insulating the patient and the area underneath 9 10 the drapes from the cold air up top; correct? 10 up. A. Yes. 11 Q. Oh, it isn't? 11 12 A. No. 12 Q. Okay. The only way that that cold air 13 Q. Why not? 13 coming in from the ceiling could warm up the air 14 MR. GOSS: Are you talking about the blanket 14 underneath the operating room table is either by having air coming in from the sides underneath the 15 or the warming unit? 15 MR. ASSAAD: The blanket. 16 drapes --16 A. Oh, the blanket. I'm sorry. I thought you Correct? 17 17 meant the -- the warming unit. A. Yes. 18 18 Q. No. The blanket's underneath the drapes; Q. -- or it warms the air -- warms the blanket 19 19 20 correct? 20 by convection and then the blanket -- the drape, I'm 21 A. Yes. 21 sorry, warmed by con -- convection, and then the drape 22 Q. Okay. And you agree with me at some point, 22 warms the Bair Hugger blanket by convection and cools 23 you know, the Bair Hugger blanket is going to warm the 23 it down to blow cold air, which doesn't happen in real actual drapes on top through conduction; correct? 24 life: correct? 24 25 A. Yes. 25 A. Yes. Page 271 Page 273 Q. Okay. And by convection it's going to warm Q. Okay. So over time energy has --1 the patient as well as underneath the drapes; correct? Energy, first law of thermodynamics, is 2 2 3 conserved, and the area underneath the operating room 3 A. Yes. 4 Q. Okay. And over time the air underneath the 4 table, which is -- doesn't have a significant amount drapes is going to increase; correct? 5 5 of air exchanges, gets warmer and warmer, correct, 6 A. That's possible. until it reaches an equilibrium? 6 7 Q. Well if you have the drapes around the 7 A. I'll agree with that. table, okay, and you're getting very little air 8 Q. Okay. And sitting here today, you don't movement underneath the table, by the first law of 9 9 disagree with Dr. Abraham's CFD analysis as shown in thermodynamics, the conservation of energy, okay, the Exhibit 14; correct? 10 10 heat has to warm up something; correct? A. Well not having looked at any of the other 11 11 A. Well it depends on where the air is actually background information or boundary conditions, just 12 12 leaving the blanket with respect to the drapes. given this one figure, this figure's results look 13 13 14 Q. Do you think the air could pass through the 14 reasonable, but I'd really like to look at the other 15 drapes? part of his report before I answered that question. 15 Q. And you never asked for his report from 3M; 16 A. No. 16 Q. Okay. So we know the air is not leaving 17 17 have you? through the drapes; correct? A. I --18 18 19 A. Yes. 19 No, I did not. 20 Q. And the drapes act like some sort of 20 Q. Do you know how much heat -- what's the insulation, kind of like when you all have blankets on 21 21 right term? us at night, it acts like an insulation; correct? 22 22 Do you know how much heat is absorbed by a 23 A. Yes. 23 human body in the torso region? Q. That's why --A. I do not know that. 24 24 25 I mean when you sleep at night, the blankets 25 Q. Okay. Would that be something important to

1			
	Page 274		Page 276
1	know to determine how much of the heat produced by the	1	A. I do.
2	Bair Hugger is actually absorbed by the body and how	2	Q. Are you friends with him?
3	much of it's waste heat?	3	A. We're colleagues, yeah.
4	MR. GOSS: I don't think he's offering any	4	Q. Have you done any work with him?
5	opinions on that, but you can answer.	5	A. No, not not really, other than I may have
6	A. If if I was in the design area, I think	6	served on some of his graduate students' final exam
7	that would be something I would want to know.	7	committees.
8	Q. You're aware that there's different patient	8	Q. And he focuses on heat transfer as well;
9	warming products	9	correct?
10 11	A. Yes.Q as we discussed previously.	10 11	A. Yes.
12	A. Yes.	12	Q. Is there anyone at the University of Minnesota that focuses on particle movement through
13	Q. They're just different designs; correct?	13	turbulent airflow?
14	A. Yes.	14	A. I could think of Mike Zacharia probably,
15	Q. One design might be forced-air warming;	15	does a lot of modeling work in that area.
16	correct?	16	Q. Is he from Stanford?
17	A. Yes.	17	A. No, I think he's from the University of New
18	Q. Another design might be conductive warming;	18	York - Buffalo.
19	correct?	19	Q. Okay.
20	A. Yes.	20	A. What name did I give you? I just want to
21	Q. You've heard of conductive warming	21	make sure I gave you the correct
22	mattresses; correct?	22	Q. Zacharia.
23	A. I believe so, yes.	23	A. That's that's not correct.
24	Q. Okay. They're all patient warming products;	24	MS. ZIMMERMAN: University of Minnesota is a
25	correct?	25	big school.
	Page 275		Page 277
1	A. Yes.	1	THE WITNESS: Yeah.
2	Q. Just a different design; correct?	2	A. I'm just having a mental
3	A. Right.	3	I'll I'll I'll come up with it.
4	Q. And that's based and and that's an	4	Q. Not important.
5	engineer that's that they're	_	
6	The section 41 and the second control of the 41.00 and 4	5	A. I'll come up with it.
7	They're the same product with different	6	Q. It's not important.
7	design; correct?	6 7	Q. It's not important. A. Oh. Sean Garrick is G-a-r-r-i-c-k, I
8	design; correct? A. Same	6 7 8	Q. It's not important. A. Oh. Sean Garrick is G-a-r-r-i-c-k, I believe. Sean Garrick.
8 9	design; correct? A. Same Q. Product. They're both pat	6 7 8 9	Q. It's not important.A. Oh. Sean Garrick is G-a-r-r-i-c-k, Ibelieve. Sean Garrick.Q. And he went to SUNY Buffalo?
8 9 10	design; correct? A. Same Q. Product. They're both pat They're all patient warming products;	6 7 8 9 10	 Q. It's not important. A. Oh. Sean Garrick is G-a-r-r-i-c-k, I believe. Sean Garrick. Q. And he went to SUNY Buffalo? A. Yes.
8 9 10 11	design; correct? A. Same Q. Product. They're both pat They're all patient warming products; correct?	6 7 8 9 10 11	 Q. It's not important. A. Oh. Sean Garrick is G-a-r-r-i-c-k, I believe. Sean Garrick. Q. And he went to SUNY Buffalo? A. Yes. Q. Okay. Do you know whether or not the
8 9 10 11 12	design; correct? A. Same Q. Product. They're both pat They're all patient warming products; correct? A. Same same application	6 7 8 9 10 11 12	 Q. It's not important. A. Oh. Sean Garrick is G-a-r-r-i-c-k, I believe. Sean Garrick. Q. And he went to SUNY Buffalo? A. Yes. Q. Okay. Do you know whether or not the University of Minnesota has their own CFD code?
8 9 10 11 12 13	design; correct? A. Same Q. Product. They're both pat They're all patient warming products; correct? A. Same same application Q. Yes.	6 7 8 9 10 11 12 13	 Q. It's not important. A. Oh. Sean Garrick is G-a-r-r-i-c-k, I believe. Sean Garrick. Q. And he went to SUNY Buffalo? A. Yes. Q. Okay. Do you know whether or not the University of Minnesota has their own CFD code? A. I don't think so, but I'm not not aware
8 9 10 11 12 13 14	design; correct? A. Same Q. Product. They're both pat They're all patient warming products; correct? A. Same same application Q. Yes. A but just different products.	6 7 8 9 10 11 12 13 14	 Q. It's not important. A. Oh. Sean Garrick is G-a-r-r-i-c-k, I believe. Sean Garrick. Q. And he went to SUNY Buffalo? A. Yes. Q. Okay. Do you know whether or not the University of Minnesota has their own CFD code? A. I don't think so, but I'm not not aware of that.
8 9 10 11 12 13 14 15	design; correct? A. Same Q. Product. They're both pat They're all patient warming products; correct? A. Same same application Q. Yes. A but just different products. Q. Different products or different designs?	6 7 8 9 10 11 12 13 14 15	Q. It's not important. A. Oh. Sean Garrick is G-a-r-r-i-c-k, I believe. Sean Garrick. Q. And he went to SUNY Buffalo? A. Yes. Q. Okay. Do you know whether or not the University of Minnesota has their own CFD code? A. I don't think so, but I'm not not aware of that. Q. Are you aware that like universities such as
8 9 10 11 12 13 14 15 16	design; correct? A. Same Q. Product. They're both pat They're all patient warming products; correct? A. Same same application Q. Yes. A but just different products. Q. Different products or different designs? A. Well different designs and different	6 7 8 9 10 11 12 13 14 15 16	Q. It's not important. A. Oh. Sean Garrick is G-a-r-r-i-c-k, I believe. Sean Garrick. Q. And he went to SUNY Buffalo? A. Yes. Q. Okay. Do you know whether or not the University of Minnesota has their own CFD code? A. I don't think so, but I'm not not aware of that. Q. Are you aware that like universities such as Stanford have their own code?
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8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	design; correct? A. Same Q. Product. They're both pat They're all patient warming products; correct? A. Same same application Q. Yes. A but just different products. Q. Different products or different designs? A. Well different designs and different products. Q. What's different between the Mistral and the Bair Hugger? A. I have not looked at the Mistral in any amount of detail, so I I can't answer that. Q. There's three modes of heating: convective,	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. It's not important. A. Oh. Sean Garrick is G-a-r-r-i-c-k, I believe. Sean Garrick. Q. And he went to SUNY Buffalo? A. Yes. Q. Okay. Do you know whether or not the University of Minnesota has their own CFD code? A. I don't think so, but I'm not not aware of that. Q. Are you aware that like universities such as Stanford have their own code? A. Yes. Q. Okay. A. I not Not that I'm aware of. Q. Okay. A. I mean individual researchers have their own

Page 278 Page 280 filter to be used in a -- in a device during the operating room table is much greater than coming out design process, you have to know how that device is of the HVAC system; correct? 2 3 A. I think we could probably assume that. 3 going to be used; correct? A. Yes. 4 Q. And you have to take that into consideration 5 Q. And you agree with me that that -- that 5 in choosing the correct filter for the device; that -- the air that the bacteria -- strike that --6 6 correct? 7 the air that the Bair Hugger is filtering has a higher 7 A. Depends where the device is located. bacterial load than the air coming out of that 8 O. Well where is the Bair Hugger located? 9 A. Sometimes it's on an IV pole, sometimes it's ventilation system; correct? A. That -- that may be the case. I have not 10 10 mounted on a cart. seen data that supports that, I don't believe. 11 11 Q. Either/or. Why does it make a difference? Q. Let's just use common sense. You have 12 12 A. The location of the air coming in will be 13 squames from people and the patient and blood and 13 different than, for example, under the operating other stuff during the surgical procedure that's going 14 table. 14 down to the floor of the operating room; correct? Q. Do you know how high, when you use it -- put 15 15 16 A. Okay. 16 on a pole, how high it's off the ground, the Bair O. Okay. I mean it would be a -- a reasonable 17 Hugger? 17 conclusion that the bacterial load in that area around A. Typically, the bottom I've heard is between 18 18 the surgical table is much greater than coming out of 19 18 inches and two feet. 19 20 the ventilation system, which has 25 percent air 20 Q. Okay. And that's still below the operating room table; correct? 21 coming from the outside as well as being filtered 21 22 twice through a -- through a HEPA -- a MERV -- a MERV 22 A. Below the top of the table, yes. 23 7 filter and a MERV 14 filter: correct? 23 Q. Okay. And as we discussed before from Exhibit 14, the air is very turbulent underneath that A. That would be a logical assumption, yes. 24 24 25 Q. And that needs to be taken into account in 25 area: correct? Page 281 Page 279 determining the filtration to be used by the device; 1 A. Yes. Q. So particles are all over the place in that 2 2 3 area; correct? 3 A. Yes. The -- the challenge aerosol into the 4 device would have to be taken into account, into the 4 A. Yes. Q. We could agree that the concen -- the 5 filter. 5 Q. Because using a MERV 14 that removes 95 6 bacterial load concentration is probably pretty 6 percent of the part -- of particles the size of -- or 7 uniform underneath the operating room table due to the 7 90 percent -- 90 percent of the particles larger than 8 turbulence; correct? 9 three to 10 microns means that some get through; 9 A. Under the table, yes. 10 correct? 10 Q. Okay. So it really doesn't matter if it's A. And the numbers you're referring to appear 11 on the floor, you know, on a stand or -- or on a pole 11 to be from the ASHRAE Standard 52.2. Those are which is below the operating table, it's still drawing 12 12 from the same amount of bacterial load; correct? minimum values for that particle-size range. 13 13 Q. That's fine. But --14 A. But it's not under the operating table. 14 15 It's a percentage; correct? 15 Q. It isn't? A. The unit when it's -- when it's placed, no. 16 16 Q. Where is it placed? 17 Q. Okay. And you have to take into account in 17 designing a device, when you're putting a filter in A. It's placed behind the anesthetic screen. 18 18 19 it, is what is the bacterial load, because allowing 10 19 O. Behind the screen. percent of a low number to get through is different 20 A. Yes. 20 21 than allowing 10 percent of a large number to get 21 O. Well just --22 through; correct? 22 And -- and the screen is not above the 23 A. Yes. 23 operating room table? A. The screen is above the table, yes. 24 MR. GOSS: Object to form. 24 25 Q. And the bacterial load underneath the 25 Q. Okay. So it's placed -- and -- and when

l	Page 282		Page 284
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	you and who told you Where did you come up with this assumption? Who told you that? A. Well based on the photos I've I've seen as how a typical Bair Hugger unit would be set up, and the setup in the 3M lab. Q. How long is the hose? A. I'm guessing Well, I don't know the exact number. Q. So it's your belief that the area where the Bair Hugger is placed has the same bacterial load as the areas coming out from the HVAC. A. I did not say that. Q. Okay. That's I just want to make sure. So what are you saying? A. I'm saying it's it's it could be significantly different than what's under the table. Q. Okay. But you agree it's still significantly more than what's coming out of the HVAC system. A. It could be, depending on where the unit is located.	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Q. Okay. And you agree with me that you have been provided no data with respect to the bacterial load underneath the operating room table. A. I believe that's a correct statement. Q. Okay. And to choose a filter, a reasonable and prudent engineer should know the bioburden of the air that the bacter that the Bair Hugger is drawing from in selection of a filter; correct? A. That would be prudent, yes. Q. Okay. Do you have any reason to believe that that 3M or Arizant considered that in selecting the MERV 14 selecting their filter? A. I cannot point to a document that says that, no. Q. Okay. Do you know what the efficiency is for one to three microns of the Bair Hugger filter? A. I have seen a test report where the filters have been sent to an external test lab for for measurements and Q. So what is it? A. It's from from .3 to one. Q. From one to three. A. From one to three. I think it's in the
24 25	Q. Well the hose is only so long.A. But there could be airflow from the ceiling	24 25	nineties. Q. In the nineties. Okay.
1 2	Page 283 coming over the table near the floor where the unit is located, which would still be very clean air.	1 2	Page 285 And your opinion in this case is that's an acceptable choice; correct?
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	O. But sitting here today, you don't know either way; do you? A. Say it again. Q. Sitting here today, you don't know either way what the bacterial load is, whether or not the area where the Bair Hugger sits has air from the ceiling clearing out the bacteria. A. Not not without seeing actual applications. Q. Okay. Assuming that it is underneath the operating room table Okay? A. Okay. Q or an area where there is turbulence, and the HVAC system can't clear out the bacterial load, A. Okay. Q would you agree with me that a MERV 14 filter strike that. You agree with me that just because a	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Yes. Q. Did you take into account in formulating your opinions the the the bioburden of the air that the Bair Hugger is drawing from? A. Not specifically. Q. What does that mean, "not specifically?" A. I was looking at the most probable particle size containing a a bacteria and how the filter would would perform against that particle size. Q. And what's that? What size? A. Size between five and 10 microns. Q. Okay. What's the efficiency for five to 10 microns? A. The data I show, it's high nineties, close to a hundred percent. Q. Were you aware that they performed a test on the filter You've read Winston Tan's report; correct? A. That's what I'm referring to, yes.
21 22 23 24 25	hospital operating room uses a MERV 14 filter, that is a sufficient reason to use a MERV 14 filter in the Bair Hugger? A. I would say it's not a sufficient reason.	21 22 23 24 25	Q. Okay. And actually, they ran initial tests and the first first test results were not good because of a manufacturing defect. Do you recall that?

	Page 286		Page 288
1	A. There were three batches that were tested,	1	and humidity conditions, yes.
2	and one of the batches, I I believe, did not meet	2	Q. Okay. What
3	the requirements.	3	Do you know what the humidity is in in an
4	Q. Had a manufacturing defect; correct?	4	OR?
5	A. That that's what I read.	5	A. From what the design I have read, I think
6 7	Q. Okay. And knowing where the	6 7	it's supposed to be 50 percent.
8	Assuming that the Bair Hugger is drawing air that has a large bioburden, did you take into account	8	Q. Okay. And that would be an ideal situation for bacterial growth; correct?
9	whether the device had any leakage?	9	A. I think
10	MR. GOSS: Object to the predicate.	10	Again, I'm not a microbiologist, but from
11	A. I didn't	11	what I've heard from others, I think that's lower than
12	Q. Do you know what I mean by "leakage?"	12	what's required to grow and propagate bacteria.
13	A. Yes.	13	Q. Do you think
14	Q. Okay.	14	What do you think the humidity should be?
15	A. Yes. Yes, I did.	15	A. I'm I'm thinking
16	Q. But you didn't test for leakage; correct?	16	Q. If you know.
17	A. I did no testing, no.	17	A. Again, I'm not a microbiologist. I don't
18	Q. And the Bair Hugger filter has a seal on it;	18	want to hazard a guess.
19	correct?	19	Q. Okay. And why does
20	A. Which which Bair Hugger are you referring	20	Why is humidity a factor?
21	to?	21	A. Again, I'm not a microbiologist, but
22	Q. The 750 or 775.	22	humid
23	A. 775, yes.	23	Bacteria needs needs moisture to grow.
24	Q. Did you did you check to see whether or	24	Q. What's a loaded filter?
25	not, when the Bair Hugger is turned on, that it forms	25	A. The common term "loaded filter" typically
	Page 287		Page 289
1	Page 287	1	Page 289
1 2	a good seal so that no air could bypass the filter	1 2	refers to a in in my area of expertise of
2	a good seal so that no air could bypass the filter through the sides?	2	refers to a in in my area of expertise of ventilation, an HVAC filter that has captured ambient
2 3	a good seal so that no air could bypass the filter through the sides? A. It has what appeared to me to be a black	2 3	refers to a in in my area of expertise of ventilation, an HVAC filter that has captured ambient aerosol and dust over a fairly long period of time so
2 3 4	a good seal so that no air could bypass the filter through the sides? A. It has what appeared to me to be a black foam-rubber gasket, that when the filter is placed in	2 3 4	refers to a in in my area of expertise of ventilation, an HVAC filter that has captured ambient aerosol and dust over a fairly long period of time so that it affects the filter performance both in
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	Page 290		Page 292
1	A. Well I didn't say zero percent. I said just	1	(Kuehn Exhibit 15 was marked
2	natural outdoor	2	for identification.)
3	Q. Where were where were you?	3	BY MR. ASSAAD:
4	A. It could range anywhere from in the	4	Q. What's been marked as Exhibit 15 is an
5	wintertime	5	article titled "Airborne Infection Control in Health
6	Well even in the summer, the early morning,	6	Care Facilities," authored by you; correct?
7	it could be close to 70, 80 percent, and then during	7	A. That's correct.
8	the hot afternoon it might drop down to 30 or 40.	8	Q. And it's published in an August 2003 I
9	Q. Okay. You agree with me that skin squames	9	guess in the Journal of Solar Energy Engineering?
10	would be good nutrients for bacteria; correct?	10	A. That's correct.
11	MR. GOSS: Objection, lack of foundation.	11	Q. Okay. Is that a publication put out by
12	A. Again, I'm not a microbiologist. I would	12	ASME?
13	I would I I	13	A. It is.
14	I don't want to answer that.	14	Q. I want you to turn to page 369 under
15	Q. Well you say here in one of your report	15	"Monitoring." Do you see that?
16	your articles, "Atmospheric dust contains 30 to 40	16	A. I see that.
17	percent organic matter by mass." Do you remember	17	Q. Okay. Do you recall writing this article?
18	that?	18	A. I do.
19	A. I think I remember that, yes.	19 20	Q. What was the purpose of writing this article?
20	Q. Would you consider skin skin squames	21	
21 22	organic matter?	22	A. Professor Jane Davidson asked me for a contributed article in one of these issues of the
23	A. Yes. I think that was referring to outside air in that case.	23	
24	Q. I understand that, but I was talking about	24	Solar Energy Journal, so I I complied with her request.
25	skin squames. Do you consider that organic matter?	25	Q. Okay. And in "Monitoring" you're talking
23	skin squames. Do you consider that organic matter:	23	Q. Okay. And in Wonttoring you're talking
	Page 291		Page 293
1	A. Skin squames is organic matter, I I agree	1	about monitoring the the critical areas in a clean
2	with that.	2	room and as well as a healthcare facility; correct?
3	Q. Do you know	3	A. As I'm reading "Monitoring," it starts out
4	Have you done any testing to see whether or	4	with pressure difference
5	not bacteria could grow in the Bair Hugger over time	5	Q. But
6	and come out the other end?	6	A between clean zones.
7	A. I have not done anything like that, no.	7	Q. But this is "Airborne Infection Control in
8	Q. Do you have any reason to believe that it	8	Health Care Facilities;" correct?
9	wouldn't occur in the Bair Hugger filter?	9	A. Yes.
10	MR. GOSS: Object to form.	10	Q. So this is talking about monitoring in those
11	A. Again, we need two well, we need We need sufficient nutrients, number one	11	types of facilities; correct?
12 13	Q. Which we know we have; correct?	12 13	A. Yes. Q. Okay.
14	MR. GOSS: Object to form.	14	A. Uh-huh.
15	A which could be could be	15	Q. If you go to the last page or the last
16	the skin squames, but we also need the appropriate	16	before the
17	humidity level, and with ORs controlled about 50	17	The next page, it says, "An alternative is
18	percent humidity, I think that's too low.	18	to use a continuous particle counter for the
19	Q. Okay. But if some ORs are up to 70 percent	19	measurement of total aerosol concentrations versus
20	humidity, then there's potential for growth?	20	time with periodic sampling of bioaerosols." Do you
21	MR. GOSS: Calls for speculation.	21	agree with that statement?
22	A. I would speculate it has to be higher than	22	A. Yes.
23	that.	23	Q. And if you read two lines before that, it
24	Q. Okay. But you're speculating; correct?	24	talks about there could be elevated concentrations
25	A. Yes.	25	that could occur as short-term bursts; correct?
23			

Page 294 Page 296 A. Yes. low or medium? 1 1 A. It was on high. We did --2 Q. So do you agree that you could use particle 2 3 counting to measure the total aerosol concentration in Yes, it was on high. an operating room? 4 Q. And the temperature that it comes out of the 5 A. Within the range of the instrument, yes. 5 blower, do you know if that temperature being measured 6 Q. Okay. And if you used --6 is out of the exit end -- end of the hose or at where 7 Most instruments, they could go from .3 to 7 the blower -- where the air comes out of the blower 8 8 10 microns; correct? itself? A. Optical particle counters can, yes. There A. I don't recall that level of detail. 10 10 are other instruments that could go much lower and Q. Well you agree with me that that would be important information to know, to know the actual air 11 much higher. 11 12 Q. But for the purposes of an operating room, 12 entering into the Bair Hugger blanket, what 13 .3 to 10 microns would be appropriate; correct? 13 temperature it is; correct? 14 A. That's a reasonable particle-size range. 14 A. Yes. Q. You don't need nanometers at all. 15 Q. Okay. And -- strike that. 15 A. Not -- not --16 16 Doctor, assuming that when you did the temperature in the testing with the Bair Hugger and 17 17 No. you saw an increase of five degrees Celsius over the 18 Q. Yeah. Bacteria are -- are not that small; 18 assumed surgical site, would that be significant? 19 19 correct? A. Frankly, I was focusing on the velocity 20 THE REPORTER: Was there an answer? 20 21 MR. ASSAAD: I thought he said yes. 21 measurements, not -- not the temperature measurements, 22 Q. But bacteria are not that small; correct? 22 so those were -- that was considered to be secondary 23 A. Yes. 23 measurements in the -- in the study we did. So I was Q. When a Bair Hugger is turned on, how long do not paying much attention to those, I was paying more 24 24 you think it takes for equilibrium to reach? 25 attention to the velocity. Page 295 Page 297 A. How do you define "equilibrium?" Q. Well you used your temperature measurements 1 Q. Well, the Bair Hugger's turned on, the, you to criticize Elghabashi. 2 2 know, Bair Hugger blanket's at room temperature, --3 A. I did. 3 Q. Okay. And to do your Archimedes 4 A. Yes. 4 5 5 Q. -- the blankets are at room temperature, the calculation; correct? drape is at room temperature, the table is at room 6 A. Yes. 7 temperature. How long do you think it takes for the 7 Q. Okay. And to do your -- whether or not --Bair Hugger, when you turn it on, to actually heat up The adhesion forces with respect to 8 itself to get to, you know, where it could eject air particles, you used temperature; correct? Used 9 temperature, those temperatures measurements you did 10 at -- at 40 to 41 degrees Celsius and then warm up the 10 drapes around it and to get to like -- to equilibrium? 11 in those calculations: correct? 11 A. The only basis I can reply to that would be A. I don't recall using them in adhesion 12 12 the tests we did in the test room. 13 13 calculations. 14 Q. And -- and --14 Q. You're right. Well -- no, you're right. My 15 A. And I --15 fault. Q. -- what's your answer? How long? If the temperature rose by five degrees over 16 16 A. I recall the -the surgical site, would that be significant to you? 17 17 MR. GOSS: With the Bair Hugger on. 18 It took a matter of a few minutes before the 18 19 supply-air temperature was up -- up to design values, 19 MR. ASSAAD: With the Bair Hugger on. and then I -- I don't know how long it would take for 20 A. If that's the only thing that changed and 20 the entire hose and the blanket to reach equilibrium. the airflow did not change at all, I would say 21 21 22 Q. Now did you look at the temperature on the 22 that's -- that's not significant. 23 Bair Hugger, of what the exit temperature is? 23 Q. Well how would you think the heat increased? A. Not while I was doing my measurements, no. A. Could be from the lights or from personnel. 24 24 Q. Do you know whether or not it was on high or 25 25 Q. Lights are constant, personnel are constant.

Page 298 Page 300 Say the Bair Hugger turns on, that's the O. And that has to deal with the Archimedes 1 only change, it goes up five degrees. Would that be 2 2 number: correct? 3 significant to you, having everything else constant? A. Yes. A. If everything else is constant, that would 4 Q. Have you ever calculated the Archimedes number in the past 20 years? 5 be the logical choice. 5 6 Q. Okay. Would that be significant with 6 A. Yes. 7 respect to airflow disruption? 7 Q. For what purpose? 8 A. It -- it -- it possibly could be. 8 A. We were looking at the ventilation in hog Q. Okay. Do you know who Professor Kurz is -barns, the air coming in through the slot in one side of the barn and then out through the fans on the other 10 or Dr. Kurz? 10 side, exhausted on the other side. 11 A. I do not think I know him. 11 Q. Okay. Now let's go through the equation. 12 Q. I'll represent that she is on the advisory 12 You know the Archimedes number --13 panel for 3M. Have you seen any literature that she's 13 14 produced? 14 Which is dimensionless: correct? A. No. 15 15 Q. If the temperature around the surgical 16 16 Q. -- equals the gravity, which is g. table -- surgical site increased by five degrees when 17 17 Q. And that's a constant; correct? the Bair Hugger was on, would you agree with me that 18 18 there's going to be a bouyancy force around the 19 A. Yes. 19 surgical table? 20 20 Q. L, what's L? 21 A. There -- there's a bouyancy force anyway 21 A. It's a -- a length scale, which typically 22 because of the patient temperature and the wound 22 this is applied to air jets, so it would be the -- say 23 temperature, and that buoyant force is typically very 23 the width from the diameter of that air jet. weak compared to the forced-air pressure force coming Q. Okay. And you take one inch. 24 24 down from the flow from the ceiling. 25 A. Yes, because I was based that -- basing that 25 Page 299 Page 301 Q. So you have the flow coming down from the on the measurements we made of the velocity leaving ceiling at whatever, 59 degrees Celsius, correct, with the Bair Hugger blanket that we did. 2 a certain velocity; correct? 3 Q. But where did you make the demens --Where did you get a length scale of one 4 A. Yes. 4 5 5 Q. But all of a sudden the Bair Hugger is on inch? and there's a five-degree increase in temperature over A. Well based on moving the probe around as the 6 7 the surgical site. 7 flow is coming out the edge of the blanket, that A. Yes.Q. What's causing that heat to get up to seemed to be the width of the jet roughly three inches 8 8 9 9 from the blanket edge. that -- to that area? 10 Q. Three inches from the blanket edge? 10 MR. GOSS: I'm going to object to 59 degrees 11 11 A. Yes. Celsius, counsel. It sounds a little hot. 12 12 Q. So you're saying the jet was only one inch MR. ASSAAD: Or 59 degrees Farenheit. I'm 13 13 wide? A. Approximately, yes. 14 14 sorry. 15 Q. That's all you measured coming out of the 15 MR. GOSS: All right. MR. ASSAAD: Thank you. 16 16 A. It sounds like it would be coming somewhere 17 17 A. Well I was measuring the velocities and 18 from the Bair Hugger. 18 the -- and the temperature there, and by measuring the 19 Q. So the heat would be com --19 velocities I would move the probe up and down and try 20 It would be from the waste heat of the Bair 20 to determine the width of the jet and where the 21 Hugger; correct? 21 centerline was. Q. Let's talk about engineering common sense 22 A. That sounds like a logical conclusion, yes. 22 23 Q. Okay. Let's go to Exhibit D of your report, 23 here. Okay? You have a blanket with over a thousand of Exhibit 1. holes blowing 43- to 45-cubic-feet-per-minute air. Do 24 24

25

you agree?

25

A. Okay.

Page 302 Page 304 A. Yes. blanket is only one inch. 1 1 A. Again, that was the representative 2 Q. And you're saying that the length of the air 2 3 coming out of that area is only one inch? measurement I took to try to put a reasonable value A. That's the width of the air jet that I into this Archimedes equation. 5 measured coming out of the blanket. 5 Q. Okay. Have you looked at other areas of how 6 Q. Okay. Is that the only place the air did 6 to calculate the length, what other people use in the 7 come out of the blanket? 7 field? 8 8 MR. GOSS: The width or length? A. No. 9 MR. ASSAAD: The width, so L. Q. Okay. Why didn't you use the length of where all the air was coming out of the blanket? 10 10 A. Typically, for a -- a slot, it -- it's A. You could think of the air coming out of the always the width. 11 11 12 blanket as -- as being with a certain height and a 12 Q. You do understand, when you're looking at 13 certain length along the length of the blanket, so 13 air jets, length is the distance of how far the air it's the width of the jet, not the length of the jet 14 pene -- jets out from the hole in a perpen -- like a 14 perpendicular -- if the hole is -- parallel to the 15 that's important. 15 Q. So the width as in --16 hole; correct? 16 A. Think of --A. Again, the Archimedes number is the ratio of 17 17 Q. -- an X axis? Reynolds number and Grashof number. 18 18 A. Think of a slot. So air coming out of a Q. I understand that. But when --19 19 20 slot, which would be coming out the edge of the 20 If you look at other studies, as you look at 21 blanket. 21 act -- the Handbook of Fundamentals, Chapter 20, did 22 Q. What would -- is it the hydraulic width 22 you actually go and look at it? 23 or -- or --23 A. I don't believe I did. Well act -actually, I may have done that to get this Archimedes Like what's the width of -- of the air 24 24 coming out of this slot here, this air, or 25 equation. I think I referenced that here. 25 Page 303 Page 305 these -- or these slots over here, the air supply? Q. And did you look at what they -- when they A. If one looked at an individual slot, it used L, what they were referring to? 2 2 3 3 A. I don't, again, recall that level of detail. would be about a half inch. Q. A half inch? Q. Well that's kind of an important detail to 4 4 5 A. Yeah, for -- for an individual slot. 5 know what numbers to put into the equation; isn't it? Q. So you're looking at the width, not the A. Again, this is a ratio of Reynolds number to 6 6 7 7 Grashof number where L is the same for both. length. A. Yes. 8 8 Q. Well L is very important when it comes to Q. Okay. And you're saying when you move the 9 9 calculating the numerator here; correct? 10 temperature -- or the -- the measurement device, you 10 A. Yes. moved it up and down one inch; correct? Q. Because if L increases, your Archi -- your 11 11 A. Moved it up and down sufficient to -- to map Archimedes numbers increase; correct? 12 12 out the approximate width of the jet to be about one 13 A. Yes. 13 14 14 Q. Okay. And if your delta T increases, your inch. 15 15 Arch -- Archimedes number increases; correct? Q. And did --How did you measure that? 16 16 A. Just by monitoring the velocities, 17 17 Q. Okay. These are important numbers; correct? primarily, as I was moving the probe up and down. A. Yes. 18 18 Q. Okay. So you did it by looking at it by 19 19 Q. And ambient you used -- you used 70 degrees. 20 eye. You didn't get a measurement you needed to 20 Why is that? 21 scale. 21 A. I was trying to estimate the value of the Archimedes number and determine if it's near one, much 22 A. No. No. 22 23 Q. Okay. So -- so it's your -- it's your 23 larger than one, or much less than one to determine if testimony today that the width of the air coming out the force convection or natural convection was 24 24 dominant, so I wasn't paying too much attention to the of the Bair Hugger blanket three inches from the 25

	D 206		D 200
1	Page 306	1	Page 308
1 2	absolute numbers here and the precision of the numbers.	1 2	I mean engineering is a profession of accuracy when it comes to calculations; correct?
3	Q. So you're saying these numbers aren't	3	A. Yes.
4	precise?	4	Q. Okay. And if you used the wrong formula to
5	A. They're not very precise, they're they're	5	calculate or if you used the wrong definition of
6	estimates.	6	of length to calculate the Archimedes number, then the
7	Q. Okay.	7	Archimedes number is incorrect.
8	A. Order order-of-magnitude estimates.	8	A. So the number I have here may be incorrect,
9	Q. Okay. So if length increases or the delta T	9	yes.
10	increases, you could actually get an Archimedes number	10	Q. Okay. And the delta T, that 75 degrees for
11	greater than one.	11	delta T is the difference between is is the
12	A. Yes.	12	temperature you measured in Exhibit B; correct?
13	THE REPORTER: Let's take a five, please.	13	Seventy-five degrees.
14	Off the record.	14	A. Yes, it is.
15	(Recess taken.)	15	Q. And let me ask you another question: Delta
16	BY MR. ASSAAD:	16	T, according to your definition, is the temperature
17	Q. 2013 ASHRAE Handbook Fundamentals, Chapter	17	difference between the jet and ambient; correct?
18	20, what is that titled?	18	A. Yes.
19	A. I I don't remember offhand the exact	19	Q. And then in the denominator you're supposed
20	title.	20	to go temperature ambient times velocity square;
21	Q. Is it titled "Space Air Diffusion?"	21	correct?
22 23	A. It sounds correct.	22 23	A. Yes.
24	Q. Okay. And do you understand what a hydraulic diameter is?	24	Q. And you used two different temperatures for ambient here; isn't that correct? One is 66, the
25	A. Yes.	25	other is 70.
23	A. 105.	23	other 18 70.
	Page 307		Page 309
1	Page 307 Q. What's a hydraulic diameter?	1	Page 309 A. Yes. Because the temperature in the
2		1 2	
	Q. What's a hydraulic diameter?A. It's the area divided by the perimeter.Q. Okay. And and that's for a square;		A. Yes. Because the temperature in the denominator I took to be the the mean of the two, the the jet temperature of 75 and the room
2 3 4	Q. What's a hydraulic diameter?A. It's the area divided by the perimeter.Q. Okay. And and that's for a square;correct? Or a rectangle.	2 3 4	A. Yes. Because the temperature in the denominator I took to be the the mean of the two, the the jet temperature of 75 and the room temperature of 66.
2 3 4 5	 Q. What's a hydraulic diameter? A. It's the area divided by the perimeter. Q. Okay. And and that's for a square; correct? Or a rectangle. A. For any any flow area. 	2 3 4 5	A. Yes. Because the temperature in the denominator I took to be the the mean of the two, the the jet temperature of 75 and the room temperature of 66. Q. Well isn't the room temperature the ambient
2 3 4 5 6	 Q. What's a hydraulic diameter? A. It's the area divided by the perimeter. Q. Okay. And and that's for a square; correct? Or a rectangle. A. For any any flow area. Q. Okay. And would you agree that, according 	2 3 4 5 6	A. Yes. Because the temperature in the denominator I took to be the the mean of the two, the the jet temperature of 75 and the room temperature of 66. Q. Well isn't the room temperature the ambient temperature?
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	 Q. What's a hydraulic diameter? A. It's the area divided by the perimeter. Q. Okay. And and that's for a square; correct? Or a rectangle. A. For any any flow area. Q. Okay. And would you agree that, according to Chapter 20, that L should be is equal to the length scale of the diffuser outlet equal to the hydraulic diameter of the outlet? A. I guess that seems reasonable. Q. Okay. Is that Did you calculate the hydraulic diameter? A. Not of the Bair Hugger blanket, no. Q. Okay. So you agree with me if that's the correct definition of what L should be, the number you used is incorrect. A. Again, I was just trying to get a rough order-of-magnitude estimate of the ratio between the buoyant force and the inertia force. Q. That wasn't my question. A. So if I have misread the definition of L, then so be it. 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. Yes. Because the temperature in the denominator I took to be the the mean of the two, the the jet temperature of 75 and the room temperature of 66. Q. Well isn't the room temperature the ambient temperature? A. I guess one one one could use that definition, yes. Q. Well A. It's Q it's your definition here, doctor. A. Yes. Q. T ambient is the mean absolute temperature of the jet and its surroundings. A. Yes. Q. Okay. And how did you calculate 70? A. Seventy was was an estimate, as I said, between the 75 we measured and the 66 we measured. Q. Okay. And and the 460 is just to make it absolute; correct?
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 Q. What's a hydraulic diameter? A. It's the area divided by the perimeter. Q. Okay. And and that's for a square; correct? Or a rectangle. A. For any any flow area. Q. Okay. And would you agree that, according to Chapter 20, that L should be is equal to the length scale of the diffuser outlet equal to the hydraulic diameter of the outlet? A. I guess that seems reasonable. Q. Okay. Is that Did you calculate the hydraulic diameter? A. Not of the Bair Hugger blanket, no. Q. Okay. So you agree with me if that's the correct definition of what L should be, the number you used is incorrect. A. Again, I was just trying to get a rough order-of-magnitude estimate of the ratio between the buoyant force and the inertia force. Q. That wasn't my question. A. So if I have misread the definition of L, then so be it. Q. So these numbers are incorrect. 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. Yes. Because the temperature in the denominator I took to be the the mean of the two, the the jet temperature of 75 and the room temperature of 66. Q. Well isn't the room temperature the ambient temperature? A. I guess one one one could use that definition, yes. Q. Well A. It's Q it's your definition here, doctor. A. Yes. Q. T ambient is the mean absolute temperature of the jet and its surroundings. A. Yes. Q. Okay. And how did you calculate 70? A. Seventy was was an estimate, as I said, between the 75 we measured and the 66 we measured. Q. Okay. And and the 460 is just to make it absolute; correct? A. That's correct. Q. So if you would Would you agree with me that the hydraulic

	Page 310		Page 312
1	A. For	1	basically move a particle that's on a floor; correct?
2	MR. GOSS: Object to form.	2	A. On a flat surface, yes.
3	A. For the blanket, yes.	3	Q. On a flat surface, yes.
4	Q. Okay.	4	Do you know whether or not Corn and Stein
5	A. For the entire blanket.	5	were looking at strike that.
6	Q. Okay. So you would agree with me that if	6	Did you actually read the article that was
7	you actually used the hydraulic temperature of the	7	authored by Corn and Stein in 1965?
8	blanket, that that would significantly increase the	8	A. I don't believe I did, no.
9	Archimedes number.	9	Q. You just looked at the diagram; didn't you?
10	A. Say that again.	10	A. In the textbook by Hinds, yes.
11	Q. If you used the actual hydraulic temper	11	Q. Okay. And they're talking about what force
12	hydraulic diameter of the blanket, that would	12	would be required to begin to basically move a
13	significantly increase the Archimedes number; correct?	13	particle on a flat surface; correct?
14	A. It would change it from the value of one	14	A. Yes.
15	inch I used to perhaps 10, 15 inches.	15	Q. And the forces is
16	Q. Ten, 15 inches.	16	Do you know what the direction of the force
17	What's the dimension of the Bair Hugger	17	was?
18	blanket?	18	A. Force would have to be horizontal to the
19	A. I'm I'm talking about an edge one of	19	surface.
20	the edges of the blanket since the air is blowing	20	Q. Okay. So parallel with the surface;
21	different directions on different edges.	21	correct?
22	Q. Well you can't use an edge because you're	22	A. Yes.
23	looking at area divided by perimeter; correct? An	23	Q. Okay. So that's not this case here; is it?
24	edge doesn't have an area.	24	There's a vertical component of that force; correct?
25	A. But the air is coming out between the	25	A. Could you clarify "vertical component?"
	Page 311		Page 313
1	what I'll call the blanket over the Bair Hugger	1	Q. Well, you have a particle on on the
2	blanket and the Bair Hugger blanket itself along an	2	surface; correct?
3	edge someplace.	3	A. Yes.
4	Q. You don't know what the Arch	4	Q. And you have a velocity of air going against
5	You don't know what the length is; do you?	5	gravity up; correct? So there's a force, a suction
6	You're just using a number.	6	force on the particle; correct?
7	A. I can estimate it based on the dimensions of	7	A. I think it's strictly a a shear-force
8	the blanket.	8	issue where the flow is blowing parallel to the
9	Q. What are the dimensions of the blanket?	9	surface the particle is attached to.
10	A. I I could hazard a guess. I don't know	10	Q. So you don't think that the upward force has
11	the exact numbers.	11	any effect on whether or not a particle is going to
12	Q. Okay. So sitting here today, you agree with	12	move with a certain amount of force?
13	me that based on the definition provided by the ASHRAE	13	A. I
14	Handbook of Fundamentals as to what length is supposed	14	My understanding of this data, it's based on
15	to be, that the numbers that you have given for the	15	a horizontal
16	Archimedes number is incorrect.	16	Q. I under I understand that. A. Uh-huh.
17	A That are a sector to the		A. Uh-huh.
17	A. That appears to be the case.	17	
18	Q. Let's go to Exhibit C of your report.	18	Q. But we're not just looking at a horizontal
18 19	Q. Let's go to Exhibit C of your report. Exhibit C is titled "Calculation of potential particle	18 19	Q. But we're not just looking at a horizontal force with the with the effect of a Bair Hugger
18 19 20	Q. Let's go to Exhibit C of your report. Exhibit C is titled "Calculation of potential particle removal between the bottom of the Bair Hugger and the	18 19 20	Q. But we're not just looking at a horizontal force with the with the effect of a Bair Hugger sucking in air from the floor; correct?
18 19 20 21	Q. Let's go to Exhibit C of your report. Exhibit C is titled "Calculation of potential particle removal between the bottom of the Bair Hugger and the floor which would also be the case when the Bair	18 19 20 21	Q. But we're not just looking at a horizontal force with the with the effect of a Bair Hugger sucking in air from the floor; correct? A. If we're looking at particles attached to a
18 19 20 21 22	Q. Let's go to Exhibit C of your report. Exhibit C is titled "Calculation of potential particle removal between the bottom of the Bair Hugger and the floor which would also be the case when the Bair Hugger is sitting on a cart with a flat top." Did I	18 19 20 21 22	Q. But we're not just looking at a horizontal force with the with the effect of a Bair Hugger sucking in air from the floor; correct? A. If we're looking at particles attached to a horizontal surface, there is no vertical velocity at
18 19 20 21 22 23	Q. Let's go to Exhibit C of your report. Exhibit C is titled "Calculation of potential particle removal between the bottom of the Bair Hugger and the floor which would also be the case when the Bair Hugger is sitting on a cart with a flat top." Did I read that correctly?	18 19 20 21 22 23	Q. But we're not just looking at a horizontal force with the with the effect of a Bair Hugger sucking in air from the floor; correct? A. If we're looking at particles attached to a horizontal surface, there is no vertical velocity at the surface.
18 19 20 21 22	Q. Let's go to Exhibit C of your report. Exhibit C is titled "Calculation of potential particle removal between the bottom of the Bair Hugger and the floor which would also be the case when the Bair Hugger is sitting on a cart with a flat top." Did I	18 19 20 21 22	Q. But we're not just looking at a horizontal force with the with the effect of a Bair Hugger sucking in air from the floor; correct? A. If we're looking at particles attached to a horizontal surface, there is no vertical velocity at

Page 314 Page 316 O. And the surface. But there's a -- there's of the -- I think it was a 505 Bair Hugger model and 1 the edge of the case. That was the --2 a -- there's a force -- there's a force that's -- that 2 3 the Bair Hugger is exerting on the particles, which is Q. And -- and PiDH is the calculation -- the an upward force from suction. calculation of the area of a sphere -- or of a -- of a 5 A. If you're talking about a particle attached 5 cylinder; correct? 6 to a surface, --6 A. Yes. 7 7 Q. Okay. Not a sphere. Q. Yes. 8 A. -- I -- I disagree with that. 8 A. Yes. Q. Okay. So you're saying all the -- when --Q. Okay. And for the velocity of 27 CFM, where 10 did you get that number from? 10 when a --A. I believe that was provided by counsel. 11 When a Bair Hugger is turned on and it's on 11 the floor and it's -- it is .626 inches above the Q. They actually gave you 27 CFM for the 505? 12 12 13 floor, that the force it exerts on the particle is 13 A. I believe that was correct. 14 only horizontal? 14 Q. And so you relied upon that number; correct? A. Yes. 15 A. I'm looking at the most likely scenario to 15 dislodge particles attached to the surface. Q. Is there any document they provided to you 16 16 Q. Now what was the point of you performing to give you that number? 17 17 this calculation? A. There -- there may have been. I -- I cannot 18 18 A. I was responding to -- I believe it was 19 19 recall. Koenigstofer's report. 20 20 Q. In Exhibit E, what were you look -- what 21 Q. What part of his report? 21 document in here did you use to rely on that 27 CFM? 22 A. Re -- report where he said --22 A. Exhibit D? 23 If I could go back to my report here. On 23 Q. E. page nine of Exhibit 1 there's items two and three. A. Oh. E. 24 24 "The Bair Hugger draws particles off the floor into 25 Q. Under "Materials Considered." 25 Page 317 Page 315 the unit. It functions much like a household vacuum 1 A. I don't -- I don't think it was a document. cleaner," and number three, "The air velocity at the 2 it was probably discussion with -- with counsel. 3

- floor under the Bair Hugger is sufficient to entrain 4 particles from the floor."
- 5 Q. Okay. But with respect to Dr. Elghabashi's report, this -- this Exhibit C has nothing to do with 7 his report; correct?
- 8 A. He's not assuming particles are attached to the floor. They're in a volume. 9
- 10 Q. So you agree with me that Exhibit C, the calculations in this report, has nothing to do with 11 Dr. Elghabashi's report; correct? 12
- A. That's correct. 13
- 14 Q. And it seems here that you calculated the area for a cylinder; correct? The outside area of the 15 cylinder, not the --16
- A. For a sphere. 17
- Q. Huh? For a sphere? 18
- 19 A. Yes.
- 20 Where -- where are you looking at?
- 21 Q. Part of Exhibit C. Under A.
- 22 A. Oh, under A.
- 23 Q. PiDH.
- 24 A. Yes, that -- that's the -- the cylindrical
- passage between the edge of the filter and the bottom

- Q. So when I asked you are there any facts that you relied upon from counsel and you told me "no" 4 earlier in this deposition, that wasn't correct. 5
- 6 A. Apparently you -- you found one that was not 7
- 8 Q. Any other facts or -- or information that is in your report that you obtained from counsel and you 10 rely upon?
 - A. Not that I can think of offhand.
- 12 Q. And with respect to Fig. 6.4 of Exhibit C, do you know what type of floor or -- or the surface 13 14 that the glass beads were on? 15
 - A. Fig. 6.4, those are smooth surfaces.
- Q. Okay. Do you know what the surface is like 16 in an operating room? 17 18
 - A. It's, I would assume, not as smooth as the surface as used for these measurements.
 - Q. And that would change --
- 21 And -- and when the surface is not smooth,
- 22 the adhesion force is less; correct?
- 23 A. It's more.
- 24 Q. More?
- 25 A. Yes. Because there's more contact areas

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	Page 318		Page 320
1	between the particles and the surface.	1	A. Regarding the Bair Hugger?
2	Q. When it's smooth or not smooth?	2	Q. Yes.
3	A. When it's not smooth.	3	A. Not that I'm aware of.
4	Q. More contact	4	Q. So looking at the diagram of impaction, it
5	A. Yes.	5	states, "Impaction occurs when the momentum of a large
6 7	Q with the sphere and the surface?	6 7	particle causes it to deviate from a streamline and collide with a filter fiber" Did I read that
8	A. Yes, because of the irregularities in the surface.	8	correctly?
9	Q. You have facilities at the University of	9	A. Yes.
10	Minnesota to test the Bair Hugger filtration; correct?	10	Q. Okay. We talked about this earlier;
11	A. There probably are. But as I said, I'm a	11	correct?
12	retired faculty member and do not really have access	12	A. Yes.
13	to that.	13	Q. Okay. So looking at this picture here,
14	Q. Okay. But you have colleagues that have	14	that would you consider that deviation of a
15	access to it; correct?	15	streamline significant?
16	A. Yes.	16	A. Yes.
17	Q. Did you ask any of them to to do an	17	Q. Okay.
18	efficiency testing on the filter?	18	A. Uh-huh.
19	A. No, I have not.	19	Q. Then if you go to page five, do you agree
20	Q. And you have a clean room in the University	20	that, based on page five, any particle size greater
21	of Minnesota?	21	than one micron, that its primary source of filtration
22	A. Actually, two.	22	is impaction?
23 24	Q. Two.A. Yes. One in the Electrical Engineering	23 24	A. I think that's as
25	Building that was built in the, I think, mid-'80s, and	25	As the figure indicates here, that would be correct.
23	building that was built in the, I think, init- oos, and	23	concet.
	Page 319		Page 321
1		1	
1 2	Page 319 there's a newer one in the it's actually a new physics building.	1 2	Q. Okay. Would that indicate that particles over one micron rarely follow air streams unless the
	there's a newer one in the it's actually a new physics building. Q. And they're both still working?		Q. Okay. Would that indicate that particles over one micron rarely follow air streams unless the air stream is not changing?
2	there's a newer one in the it's actually a new physics building. Q. And they're both still working? A. As far as I know, yes.	2	Q. Okay. Would that indicate that particles over one micron rarely follow air streams unless the air stream is not changing? A. Well with within the filtration media,
2 3 4 5	there's a newer one in the it's actually a new physics building. Q. And they're both still working? A. As far as I know, yes. Q. And you've used before neutrally buoyant	2 3 4 5	Q. Okay. Would that indicate that particles over one micron rarely follow air streams unless the air stream is not changing? A. Well with within the filtration media, they do not follow the streamlines.
2 3 4 5 6	there's a newer one in the it's actually a new physics building. Q. And they're both still working? A. As far as I know, yes. Q. And you've used before neutrally buoyant helium bubbles in your in your testing; correct?	2 3 4 5 6	Q. Okay. Would that indicate that particles over one micron rarely follow air streams unless the air stream is not changing? A. Well with within the filtration media, they do not follow the streamlines. Q. And that would
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Page 322

HEPA filter, there should be no reason from an 1 engineering standpoint that a HEPA filter cannot be 2 2 3 used in the Bair Hugger; correct?

MR. GOSS: Objection to form.

- A. There are a lot of other variables to consider; you know, the flow rate, the motor size, leakage issues. There would have to be some redesign.
- Q. Of course you have to change the motor. You need a more powerful motor; correct?
- A. Yes.

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Q. You write on paragraph nine -- or page nine, the first paragraph, "The Bair Hugger's incorporation 12 of a MERV 14 filter -- the same minimum filtration level that ASHRAE recommends for air supplied to 14 15 operating rooms -- provides additional protection from airborne bacteria for patients undergoing surgery." 16

What basis do you have that the filter that's used in the Bair Hugger provides additional protection from airborne bacteria for patients undergoing surgery?

21 A. So I was referring to the filter in the 22 incoming air into the operating room itself being 23 filtered, as we've talked about, twice, the prefilter and -- and the final filter, and then that air going 24 through a third filter, really, through -- through the 25

additional protection from the airborne bacteria for patients undergoing surgery? What's additional?

Page 324

A. It -- it's -- it's an additional removal 4

mechanism of particles in the OR. 5

- Q. Why were you concerned about the particles on the floor or below the operating room table?
- 7 A. Again, they -- they could be transported to 8 the surgical site for some reason. 9
 - Q. Such as use of the Bair Hugger?

MR. GOSS: Object to form.

Q. Maybe; correct?

12 A. Well, possibly.

MR. GOSS: Calls for speculation.

Q. Are you aware that --

You've read Michael Buck's report; correct?

A. Yes.

- Q. And he conducted some of those tests in the 17 clean room at the University of Minnesota. Are you 18 19 aware of that?
 - A. Yes.
- Q. Have you ever used that clean room? 21
- 22 A. I have, actually. I -- I think so.
- 23 Q. Okay. The small one, it's like on the
- bottom floor of a building. 24 25
 - A. Yeah, the basement floor of the Boynton

Page 323

Page 325

Bair Hugger. 2

- Q. And you don't think that air picks up any 3 bacteria or -- or -- or particles between the HVAC 4 system as it goes over the patient and the surgical 5 staff?
- A. It certainly could and probably does. 6
 - Q. You -- you really have no basis for that statement; isn't that correct?

MR. GOSS: Objection, form, argumentative.

- Q. It's pure speculation; correct?
 - MR. GOSS: Object to form.
- A. Again, I was referring to the secondary -the filtration after the filter -- filtered air 13 entering the room. 14
- Q. So you have a fil -- air coming out after 15 it's been filtered twice, and it picks up a lot of junk by the time it gets to the floor, and the Bair 17 Hugger filters that, you consider that additional 18 19 filtration?
- 20 A. Yes.
- 21 O. Okav.
- 22 A. Uh-huh.
- 23 Q. Okay. Additional protection?
- A. It's removing particles from the air, yes. 24
- 25 Q. Well why do you consider it to have

- Health Service Building.
- Q. Okay. When was the last time you used that? 2
 - A. Probably early '90s.
- Q. Okay. Do you disagree with his report that 4
- when the Bair Hugger was turned on, that there was an 5
- 6 increase in particles found in the clean room
- 7 irregardless of size?
 - A. I would have to look at his report.
 - Q. Well you've criticized his report, so do you

10 have the report with you today? 11

- A. I did not bring it, no.
- 12 O. Okay.
- A. By the way, I -- I was not provided the 13
- tableted results until Friday. All I was able to 14
- 15 comment on was his plots up to -- up to Friday.
- Q. So on Friday you also received his -- his --16
- his results, his numerical results; correct? 17
 - - A. Yes. Yes.
- 19 Q. Do you agree, based on what you've seen on
- 20 Friday, that there was an increase in particles when
- the Bair Hugger was turned on? 21
- A. Again, I'd have to go back and look at 22
- 23 the -- look at the data.
- Q. Okay. Do you know who Andy Streifel is? 24
- 25 A. I do.

	Page 326		Page 328
1	Q. We talked about that before; right?	1	Q. And some of that will contain bacteria;
2	A. Yes.	2	correct?
3	Q. Do you know what he does for a living?	3	A. Most likely, yes.
4	A. He's basically a hospital infection-control	4	Q. Okay.
5	specialist.	5	A. Uh-huh.
6	Q. Environmentalist; correct?	6	MR. ASSAAD: At this time, doctor, I have no
7	A. Yes.	7	more questions. I think your counsel might have some
8	Q. Okay. And he goes around testing air	8	questions.
9 10	quality in hospital rooms; correct? A. Yes.	9	Thank you. THE WITNESS: You're welcome.
11	Q. Do you agree he's an expert in that field?	11	MR. ASSAAD: Oh. Before I forget, I'm going
12	A. Yes.	12	to leave this deposition open based on his notes, his
13	Q. Have you read an article authored by Ativan?	13	30-page notes we may receive, as well as the photos
14	A. I	14	that we requested some of the photos he's also
15	MR. GOSS: Avidan?	15	received from you.
16	MR. ASSAAD: Avidan, yes.	16	MR. GOSS: All right. I have a few
17	A. I do not recall that I have.	17	questions.
18	Q. Do you believe a filter is required on the	18	THE REPORTER: Let's go off the record a
19 20	Bair Hugger device? MR. GOSS: Objection, vague.	19 20	moment, please. (Discussion off the record.)
21	A. I would I would say it certainly makes	21	REDIRECT EXAMINATION
22	intuitive sense to include a filter, yeah.	22	BY MR. GOSS:
23	Q. Why?	23	Q. Dr. Kuehn, you were asked questions about
24	A. Several reasons. You want to	24	notes that you had in connection with your work on
25	Q. Well for forget about	25	this case. Do you recall that testimony?
	Page 327		Page 329
1		1	
1 2	I'm talking with respect to patient safety.	1 2	A. Yes, I do.
2 3 4	I'm talking with respect to patient safety. I understand that every motor needs a filter in front of it so you don't destroy the motor, like most cars do and everything like that.	2 3 4	A. Yes, I do. (Discussion off the stenographic record.) Q. All right. And those notes included some of the calculations that are reflected in your report;
2 3 4 5	I'm talking with respect to patient safety. I understand that every motor needs a filter in front of it so you don't destroy the motor, like most cars do and everything like that. A. Right.	2 3 4 5	A. Yes, I do. (Discussion off the stenographic record.) Q. All right. And those notes included some of the calculations that are reflected in your report; correct?
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Page 330

- Q. All right. Why did you want to do that?
- A. I wanted to have first-hand experience rather than relying on second- or third-hand information.
 - Q. Okay. And what --

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Why did you want the information? What was it about the information that was pertinent to your work in the formulation of your opinions?

- A. It was primarily the velocity both leaving the Bair Hugger blanket and near the filter or the intake of the Bair Hugger to address the issues of particle dislodgement and -- and the -- where the air would go once leaving the blanket.
- Q. Okay. And if you'll look at that first page of the exhibit, these are the measurements that were taken three inches from the blanket edge where the picture is shown; is that right?
 - A. That's correct.
- Q. All right. And if you compare from a velocity standpoint the numbers for that measurement to the -- the numbers taken in other places, can you comment on any differences there in terms of the velocity?
 - MR. ASSAAD: Objection, vague.
 - Q. I guess what I would ask you is: What does

O. Okay. And you'll see the temperature measurements here begin with the Bair Hugger off, and it's 66.2 degrees; correct?

Page 332

Page 333

- A. Yes.
- Q. All right. And then what happens to the temperatures subsequently?
 - A. The temperatures tend -- tended to rise.

8 And I should probably point out that the 9 order of data shown in the table does not necessarily 10 represent the order the data was taken in the -- in the facility. 11

Q. Okay. So the -- the measurements or the -- the part of the table that counsel was asking you questions about, the three inches over the hip, the first two lines of that --

Do you want to flip to that, the three 16 inches over the hip? 17

- A. Yes.
- 19 Q. Okay. So the first two rows of the chart 20 show temperatures at 70.7 degrees Fahrenheit and 71.4 21 degrees Fahrenheit; correct?
 - A. That's correct.
- 23 Q. And that's with the Bair Hugger off.
- 24 A. Yes.
 - Q. All right. And then there are two

Page 331

subsequent measures, 64.9 degrees and 64.6 degrees with the Bair Hugger on; correct? 2

A. Yes.

Q. And I think you testified earlier that it didn't make sense to have those values in sequence; in other words, to have the temperature drop by five degrees; correct?

A. That's correct.

Q. All right. So how would you explain what's reported on this chart?

MR. ASSAAD: Objection, lack of foundation, calls for speculation.

- A. As I mentioned before, we do not have a timestamp on any of the data here, so the data presented in a given area were probably taken at different times.
- Q. Okay. What was your overall goal in taking the measurements reflected in Appendix B to your report? What was -- what was the purpose of doing it?
- A. I wanted some first-hand experience myself of what the -- primarily the velocities were near the entrance to the filter near the floor and near the edge of the blanket, so the -- and it was really --

Obviously, it's not an OR, I appreciate 24 25 that, so it's not going to be a -- a purely totally

the -- the first page of the exhibit show you in terms of the velocity relative to velocity measurements elsewhere around --

MR. ASSAAD: Objection, vague.

Q. -- elsewhere around the setup that's depicted here?

MR. ASSAAD: Objection, vague and leading.

A. I was looking at the -- the --

The question arose as what impact the velocity would have leaving the Bair Hugger blanket on the surgical site, air movement through the surgical site, so I was looking at velocities leaving the blanket, as best as I can measure with the setup provided, and determine that these -- these velocities were -- near the blanket were -- were quite high, but then they diminished rapidly as the air mixed with air in the room.

- Q. Okay. You testified earlier about your efforts to measure the width of the jet from the Bair Hugger blanket. Do you recall that testimony?
 - A. Yes.
- Q. All right. Does this picture on the first page of -- of Appendix B, is -- is this where you were placing the probe to try to measure the jet?
 - A. Yes, it was.

Page 334 Page 336 accurate, reproducible set of results that one would 1 use a continuous particle counter for the measurement obtain in an OR. It was intended to be a preliminary of total aerosol concentration versus time with 2 3 study to get some reasonable data in terms of the -periodic sampling for bioaerosol. What were you mainly velocity, and since we had temperature referring to when you mentioned "periodic sampling for bioaerosol?" 5 capability, we also included the temperature 5 6 measurements. 6 A. That periodic sampling for bioaerosols could 7 Q. So in your review of the plaintiffs' expert 7 be done using a -- a sled impactor, for example, or an reports, did you -- did you see any measurements of 8 Andersen impactor. temperature or velocity around a Bair Hugger in any of 9 Q. And would you need to use those in order to 10 have a real understanding of the bioburden in that their reports? 10 A. No, I did not. room or environment? 11 11 12 Q. And was your intent for this preliminary 12 A. Yes, because an optical particle counter 13 exhibit to be of publishable quality? 13 does not provide information on the biological nature 14 A. Certainly not. 14 of the particle. Q. Okay. Okay. With respect to your Q. Okay. I believe counsel asked you 15 15 calculation of the Archimedes number, you were asked whether -- whether the Bair Hugger use could transport 16 16 questions about the proper value for L in that particles to the surgical site. Do you recall that 17 17 equation. Do you recall that? question? 18 18 A. I recall that. 19 A. I do. 19

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22 23 MR. ASSAAD: Objection, calls for 24 speculation.

A. I don't think it would affect my opinions if

Q. Okay. If the L were a different value, how

would that affect your opinions in this case, if at

Page 337 Page 335

Q. Okay. What -- what is your -- and --

A. I -- I think that was my response.

the basis for that response?

And I think your answer was "Well,

Q. And what did you mean by that or what was

we increased L to make it the distance from the edge where the jet was emanated to someplace in the jet.

The delta T would also diminish, and so since the

Archimedes number is a very low value now, I don't 5 think it would change my opinion.

Q. Okay. If you look at Exhibit 15, which is your article that was published in the Journal of Solar Energy Engineering, pages 369 and the top of 370, and you were asked questions about your statements about monitoring particles in -- in a healthcare environment; correct?

A. Yes.

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Q. All right. And you were asked about the use of a particle counter to measure the total aerosol concentration; correct?

A. Yes.

17 Q. All right. Is a particle counter alone sufficient to measure a bioaerosol concentration in a 18 19 healthcare environment?

A. A particle counter is not capable of measuring -- or distinguishing between a --

Q. Okay.

23 A. -- biological particle and a non-biological 24 particle.

Q. So what you say here is an alternative is to

1 A. I don't think it's very likely, but there are various factors in an operating room that may 2 3 change, so under certain conditions it -- it could be 4 possible. 5

Q. So there are other pieces of equipment in the OR that move air; fair?

A. Yes.

O. All right. And there are people in the --MR. ASSAAD: Objection. MR. GOSS: Sorry, I'm -- I'm leading. MR. ASSAAD: Object to the form.

Q. Let me -- let me try it this way: What --12 what are the different things in an operating room 13 14 that could cause the movement of -- of particles to 15 the surgical site or anywhere else?

A. Well number one --MR. ASSAAD: Objection, outside the scope of his report, outside -- it's outside the scope of my direct, and --

A. Could you repeat the question again?

Q. Sure. My question was -- hold on a second.

So you said there are various factors in an 22 23 operating room that may change. What are -- what are some of the factors you have in mind there? 24 25

MR. ASSAAD: Objection, lack of foundation,

	Dog 220		Page 340
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$\frac{1}{2}$	object to form.	1	Q. Well between three to 10 particles, what's
2	A. Again, I would envision an operating room	2	the efficiency rating for a HEPA filter?
3	has several personnel, surgeons, anesthesiologists,	3	A. I don't have a a precise number I can
4	other other personnel that would be moving tools	4	give you.
5	that would that would be in operation, tools being	5	Q. Would agree with me that it's larger than
6	handed to the surgeon and and and vice versa, so	6	99.999 percent?
7	quite a bit of movement around the surgical site.	7	A. I
8	Q. All right. You were asked some questions	8	Again, without looking at at the
9	about a couple of other patient warming products, one	9	evidence, I I I could not agree with that.
10	was the Mistral and the other was Warmtouch. Both of	10	Q. Well .3 to .1 for a MERV 17 is 99.97;
11	those incorporate HEPA filters, or so you were told	11	correct?
12	by by plaintiffs' counsel. Do you recall that?	12	A. Say that again.
13	A. Yes, I do.	13	Q. The efficiency for a HEPA filter at at
14	Q. All right. Does does a HEPA filter	14	MERV 17 is greater than or equal to 99.97 percent
15	remove 100 percent of particles from the air?	15	efficiency for .3 to one micron; correct?
16	A. No. Even a HEPA filter allows some	16	A. Yes, that's correct.
17	particles through.	17	Q. Okay. And when you go from one to three or
18	Q. And are there potential disadvantages to	18	three to 10, it will be greater than 99.97; correct?
19	using a HEPA filter from an engineering standpoint?	19	A. That's correct.
20	A. Well a HEPA filter generally creates a	20	Q. Okay. So sitting here today, you are purely
21	higher pressure drop to the filter, which would mean a	21	speculating as to whether particle particles that
22	lower pressure drop on the downstream side of the	22	could carry bacteria could pass through a a HEPA
23	filter around the fan, which could potentially	23	filter; correct?
24	aggravate any leaks between the filter and the housing	24	MR. GOSS: Object to form.
25	or leaks between the filter media and the filter	25	A. Again, HEPA filters are not a hundred
	Page 339		Page 341
	Page 339		Page 341
1	frame.	1	percent efficient. It's possible that some very small
2	frame. MR. GOSS: Okay. That's all I have for now.	2	percent efficient. It's possible that some very small number could get through at larger particle sizes.
2 3	frame. MR. GOSS: Okay. That's all I have for now. MR. ASSAAD: A few follow-up.	2 3	percent efficient. It's possible that some very small number could get through at larger particle sizes. Q. Well it's definitely less than .03 percent
2 3 4	frame. MR. GOSS: Okay. That's all I have for now. MR. ASSAAD: A few follow-up. RECROSS-EXAMINATION	2 3 4	percent efficient. It's possible that some very small number could get through at larger particle sizes. Q. Well it's definitely less than .03 percent of the particles, correct, for that size?
2 3 4 5	frame. MR. GOSS: Okay. That's all I have for now. MR. ASSAAD: A few follow-up. RECROSS-EXAMINATION BY MR. ASSAAD:	2 3 4 5	percent efficient. It's possible that some very small number could get through at larger particle sizes. Q. Well it's definitely less than .03 percent of the particles, correct, for that size? A. Depending on the particle size of interest,
2 3 4 5 6	frame. MR. GOSS: Okay. That's all I have for now. MR. ASSAAD: A few follow-up. RECROSS-EXAMINATION BY MR. ASSAAD: Q. What's the definition of a HEPA filter?	2 3 4 5 6	percent efficient. It's possible that some very small number could get through at larger particle sizes. Q. Well it's definitely less than .03 percent of the particles, correct, for that size? A. Depending on the particle size of interest, that could be true.
2 3 4 5 6 7	frame. MR. GOSS: Okay. That's all I have for now. MR. ASSAAD: A few follow-up. RECROSS-EXAMINATION BY MR. ASSAAD: Q. What's the definition of a HEPA filter? A. A HEPA filter is typically	2 3 4 5 6 7	percent efficient. It's possible that some very small number could get through at larger particle sizes. Q. Well it's definitely less than .03 percent of the particles, correct, for that size? A. Depending on the particle size of interest, that could be true. Q. Okay. And you agree with me that a HEPA
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	Page 342		Page 344
1	A. That specific statement is probably not in	1	Q. And they'll be moving; correct?
2	my report.	2	A. Yes.
3	Q. What's your basis to support that statement	3	Q. And you'll have other staff in the operating
4	that that that people moving in the operating	4	room; correct?
5	room could cause surgical-site infections?	5	A. Yes.
6	MR. GOSS: Object to the form. I don't	6	Q. And the devices, like the anesthesia machine
7	think that was his testimony.	7	as well as any other device; correct?
8	Q. Did I misstate your testimony?	8	A. Yes.
9	A. Without going back and and reviewing what	9	Q. Okay. There's a constant set of people and
10	I said, it may have.	10	devices in an operating room; correct?
11	Q. Now you also mentioned with the Archimedes	11	A. I don't know about constant set, but there's
12	equation that if you change the L, it would change the	12	certainly a a a variety of human operations
13	delta T. What's your basis behind that?	13 14	operators, typically, and equipment.
14 15	A. Because as a heated jet propagates through air, it's going to be losing the temperature	15	Q. And you agree with me that in Elghabashi's report, that he looked at the impact of the Bair
16	difference the maximum temperature difference	16	Hugger with all those with people in the room;
17	between the the jet and at ambient as it gets	17	correct?
18	further away from the the source of the jet.	18	A. Yes.
19	Q. Well we're not just talking about one jet	19	Q. With lights;
20	here, we're talking about thousands of jets.	20	A. Yes.
21	A. I'm talking about the combined air leaving	21	Q correct?
22	the edge of the blanket entering the room, not that	22	With the back tables.
23	not individual holes in the blanket.	23	A. Yes.
24	Q. And you and you are assuming that delta T	24	Q. Okay. And it's because that people are
25	would change?	25	going to affect the airflow in a room; correct?
	Page 343		Page 345
1		1	
1 2	A. Yes.	1 2	A. Yes.
2 3 4	A. Yes.Q. And what's your basis behind that?	2 3 4	A. Yes.Q. And there's going to be some thermal plumes that come off from people; correct?A. Right.
2 3	 A. Yes. Q. And what's your basis behind that? A. I think that's that's engineering knowledge about thermal jets as they propagate into into room air. 	2 3	 A. Yes. Q. And there's going to be some thermal plumes that come off from people; correct? A. Right. Q. Okay. And when you want to model something
2 3 4 5 6	 A. Yes. Q. And what's your basis behind that? A. I think that's that's engineering knowledge about thermal jets as they propagate into into room air. Q. Okay. So you're saying 	2 3 4 5 6	 A. Yes. Q. And there's going to be some thermal plumes that come off from people; correct? A. Right. Q. Okay. And when you want to model something in CFD, in a CFD model, you want to be as precise as
2 3 4 5 6 7	 A. Yes. Q. And what's your basis behind that? A. I think that's that's engineering knowledge about thermal jets as they propagate into into room air. Q. Okay. So you're saying But the delta change might actually increase 	2 3 4 5 6 7	 A. Yes. Q. And there's going to be some thermal plumes that come off from people; correct? A. Right. Q. Okay. And when you want to model something in CFD, in a CFD model, you want to be as precise as possible; correct?
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Yes. Q. And what's your basis behind that? A. I think that's that's engineering knowledge about thermal jets as they propagate into into room air. Q. Okay. So you're saying But the delta change might actually increase depending on where you take the measurement. A. I have I have never seen that. Q. Okay. With respect to Exhibit B, you have no idea sitting here today in what order you took those measurements; correct? A. Not based on what's provided in Exhibit B, no. Q. Are they in your notes anywhere? A. I was not the one taking the notes. Q. Oh. Who took the notes? A. Peter and Vinita. Q. Okay. (Discussion off the record.) BY MR. ASSAAD: Q. Do you agree that in a typical orthopedic	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Yes. Q. And there's going to be some thermal plumes that come off from people; correct? A. Right. Q. Okay. And when you want to model something in CFD, in a CFD model, you want to be as precise as possible; correct? A. Yes. Q. If you want to model whether or not particles get to the surgical site, you'd want to have a heat source from the lights; correct? A. Yes. Q. You'd want to have people in the room; correct? A. And they really should be moving as they are in an actual OR. Q. Well have you ever tried to do a dynamic model of a CFD? A. Very difficult with motion, but that that would be required to do an actual analysis. Q. I understand that, but but but say you want to do a static model, you still would want to

source — you'd want to have the heat source coming from the walls; correct? A. If — if there is any heat transfer, yes. Q. All right. And you agree with me that the more accurate a static model is in the — in its modeling, the more accurate the CFD results; correct? A. If it's set up correctly and the boundary conditions are done correctly. Again, I'll go back to the lack of motion of anything in the OR. Q. Say again. A. Q. Do back to the lack of motion of anything in the OR. Q. Say again. A. Q. Do back to the lack of motion of anything in the OR. Q. Say again. A. Q. Oay, Now let's talk about that for a sounding of the control of anything in the OR. In — in orthopedic surgeries, that the purpose of having diffusers above the surgical able is to offer graph and the scope of in the operating room that's going to reduce the protective effect to help prevent bacteria from getting into the verillation system. then you increase the first of poperating room mist spoint of the surgical site; opporating room, correct? A. That — that could be possibly correct. Q. Okay, Box that again. Q. Okay, Box the the lack of motion of anything in the OR. This is a protective effect of the verillation system in an overage of the verillation system, then you increase the risk of bacteria entering into the surgical site from other sources in the operating room, correct? A. That — that could be possibly correct. Q. Well you have undiffered to mother sources the foot of his opinions, incomplete hypothetical. A. That — that could be possibly correct. Q. Well you have undiffered to mother sources in the operating room, correct? A. That — that could be possibly correct. Q. Well you have undiffered ton the surgical site from other sources in the operating room, correct? A. That — that could be possibly correct. Q. Well you have undiffered ton the surgical site from other sources in the operating room, correct? A. That — that could be possibly correct. Q. Well you have undiffered ton the surgical site from other source		Page 346		Page 348
3 A. If—if there is any heat transfer, yes. 4 Q. All right. And you agree with the that the 5 more accurate a static model is in the—in its 6 modeling, the more accurate the CFD results; correct? A. If it's set up correctly and the boundary 8 conditions are done correctly. Again, Ill go back to the lack of motion of anything in the OR. 10 Q. Say again. 11 A. I go back to the lack of motion of anything 12 in the OR. That's—that's a major contributor to mixing of particles. 14 Q. Okay. Now let's talk about that for a 5 second. Okay? You agree with me that in a 16 unidirectional OR such as what's used mostly in— 7 in—in orthopedic surgeries, that the purpose of 18 having diffusers above the surgical table is to offer 19 a protective effect to help prevent bacteria from 10 getting into the critical site; the surgical site; 11 correct? 12 correct? 2 A. That—that's the idea, yes. 2 Q. Okay. And you don't want to have a device in the operating room that's going to reduce the protective effect of the ventilation system in an Page 347 1 operating room; correct? 2 A. You would not want that, yes. 3 Q. Okay. Because if you reduce the protective effect of the ventilation system in an Page 347 1 operating room system, then you increase the risks of bacteria entering into the surgical site for mother sources in the operating room; correct? 2 A. You would not want that, yes. 3 Q. Okay. Because if you reduce the protective effect of the ventilation system, then you increase the hypothetical. 3 (Page 347) 4 The protective effect of the ventilation system, then you increase the risks of bacteria entering into the surgical site from other sources in the operating room; correct? 4 A. Say that again. 5 (Page 347) 6 (Page 347) 7 (Page 347) 8 (Page 347) 8 (Page 347) 9 (Page 347) 9 (Page 347) 1 operating room; correct? 2 A. You would not want that, yes. 3 Q. Okay. Because if you reduce the protective effect of the ventilation system, then you increase the risk of bacteria entering into the surgical site from other 12 ventilation sys		source you'd want to have the heat source coming	_	ventilation system is meant to to attain; correct?
4 A. Again, I think the full recirculary — full 5 more accurate a static model is in the -in its 6 modeling, the more accurate the CFD results; correct? 7 A. If it's set up correctly and the boundary conditions are done correctly. Again, I'll go back to 9 the back of motion of anything in the OR. 10 Q. Say again. 11 A. 1 go back to the lack of motion of anything 11 in the OR. That's – that's a major contributor to 13 mixing of particles. 14 Q. Okay. Now let's talk about that for a 15 second. Okay? You agree with me that in a 16 unidirectional OR such as what's used mostly in – 16 in indirectional OR such as what's used mostly in – 17 in – in orthopedic surgeries, that the purpose of 18 having diffusers above the surgical table is to offer a protective effect to help prevent bacteria from 20 getting into the critical site, the surgical site; 21 correct? 22 A. That – that's the idea, yes. 23 Q. Okay. And you don't want to have a device 24 in the operating room that's going to reduce the 25 protective effect of the ventilation system in an Page 347 Page 347 Page 347 Page 347 Page 348 Page 349 A. Saain, I think the full nuclest and hands and – and tools also disrupt the flow. Q. I understand that. But you don't want to Q. I winderstand that. But you don't want to Q. May. Movel's talk about that for a MR. GOSS: Object to form, beyond the scope of his opinions. A. Than that could be possibly or educe the protective effect of the ventilation system in an Page 347 Page 347 A. Yes. Q. Okay. Because if you reduce the protective effect of the ventilation system, then you increase the risk of bacteria entering into the surgical site from other volud capture more bacteria than a MERV 14 filters. Page 347 A. Yes. Q. Okay. Because if you reduce the protective effect of the ventilation system, then you increase the risk of bacteria entering in othe surgical site from other volud capture between MERV 14 and HEPA? A. Than that could be possibly correct. A. Say that again. Q. If you reduce the protective effect in t				
5 mord accurate a static model is in the — in its model contended to modeling, the more accurate the CFD results; correct? A. If it's set up correctly and the boundary conditions are done correctly. Again, It lig oback to the lack of motion of anything in the OR. Q. Say again. 10. Q. Say again. 11. A. Ig back to the lack of motion of anything in the OR. That's — that's a major contributor to mixing of particles. 12. in the OR. That's — that's a major contributor to mixing of particles. 13. second. Okay? You agree with me that in a unidirectional OR such as what's used mostly in — in orthopedic surgeries, that the purpose of having diffusers above the surgical table is to offer getting to the critical site, the surgical site; getting to the critical site, the surgical site protective effect to help prevent bacteria from getting into the critical site, the surgical site protective effect of the ventilation system, then you increase the from other sources in the operating room; correct? A. You would not want that, yes. Q. Okay, Because if you reduce the protective effect of the ventilation system, then you increase the from other sources in the operating room; correct? A. You would not want that, yes. Q. Okay, Because if you reduce the protective effect of the ventilation system, then you increase the from other sources in the operating room; correct? MR. GOSS: Objection to form, it's beyond the scope of his opinions, and it is an incomplete hypothetical. Q. If you reduce the protective effect in the ventilation system, then you increase the risk of bacteria entering into the surgical site from other sources in the operating room; correct? MR. GOSS: Objection to form, it's beyond the scope of his opinions, and it is an incomplete hypothetical. A. Thin that disruption of the flow would be disruptine the protective effect in the ventilation system, then you increase the risk of bacteria entering into the surgical site from other sources in the operating room; correct? MR. GOSS: Objection to form, it's				
omdeling, the more accurate the CFD results; correct? A. If it's set up correctly and the boundary conditions are done correctly. Again, I'll go back to the lack of motion of anything in the OR. O. Say again. A. I go back to the lack of motion of anything in the OR. When the conditions are done correctly. Again, I'll go back to the lack of motion of anything in the OR. MR. GOSS: Object to form, beyond the scope of so principles. MR. GOSS: Object to form, beyond the scope of so principles. MR. A. I think that disruption of the flow would be much more than a small change in temperature. MR. ASSAD: Okay. That's all I have. MR. ASSAD: Okay. That's all I have. MR. GOSS: I be en a long day. I just much more than a small change in temperature. MR. ASSAD: Okay. That's all I have. MR. GOSS: I by ect to form, beyond the scope of the soppicines. MR. ASSAD: Okay. That's all I have. MR. GOSS: Object to form, beyond the scope of the soppicines. MR. GOSS: Object to form, beyond the scope of the soppicines. MR. GOSS: Object to form, beyond the scope of the soppicines. MR. GOSS: Object to form, beyond the scope of the soppicines. MR. GOSS: Object to form, beyond the scope of the soppicines. MR. GOSS: Object to form, beyond the scope of the soppicines. MR. ASSAD: Okay. That's all I have. MR. GOSS: Object to form, beyond the scope of the soppicines. MR. GOSS: Object to form, beyond the scope of the soppicines. MR. GOSS: Object to form, beyond the scope of the soppicines. MR. GOSS: Object to form, beyond the scope of the soppicines. MR. GOSS: Object to form, beyond the scope of the soppicines. MR. GOSS: Object to form, beyond the scope of the soppicines. MR. GOSS: Object to form, beyond the scope of the soppicines. MR. ASSAD: Okay. That's all I have. Thank's rule and a material sould be soppicines. MR. GOSS: Object to form, beyond the scope of the soppicines. MR. GOSS: Object to form, beyond the scope of the soppicines. MR. GOSS: Object to form, beyond the scope of the soppicines. MR. GOSS: Object				
7 A. If it's set up correctly and the boundary conditions are done correctly. Again. I'll go back to the lack of motion of anything in the OR. 9 C. Say again. 10 Q. Say again. 21 in the OR. That's – that's a major contributor to mixing of particles. 22 in the Okay? You agree with me that in a unidirectional OR such as what's used mostly in – in – in orthopedic surgeries, that the purpose of having diffusers above the surgical table is to offer a portective effect to help prevent bacteria from getting into the critical site, the surgical site group of the operating room; correct? 22 A. That – that's the idea, yes. 23 Q. Okay. And you don't want to have a device in the operating room that's going to reduce the protective effect of the ventilation system, then you increase the risks of bacteria entering into the surgical site from other sources in the operating room; correct? 3 MR. GOSS: Object to form, beyond the scope of his opinions, and it is an incomplete hypothetical. 4 A. Say that again. 5 Q. Okay. Because if you reduce the protective effect of the ventilation system, then you increase the risk of bacteria entering into the surgical site ventilation system, then you increase the risk of bacteria entering into the surgical site ventilation system, then you increase the risk of bacteria entering into the surgical site of the ventilation system, then you increase the risk of bacteria entering into the surgical site of the ventilation system, then you increase the risk of bacteria entering into the surgical site of the ventilation system, then you increase the risk of bacteria entering into the surgical site of the ventilation system, then you increase the risk of bacteria entering into the surgical site of the ventilation system, then you increase the risk of bacteria entering into the surgical site of the ventilation system, then you increase the risk of bacteria entering into the surgical site of the ventilation system, then you increase the risk of bacteria entering into the surgical site of the ventilatio				
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9 correct? 10 Q. Say again. 11 A. 1 go back to the lack of motion of anything in the OR. 12 in the OR. That's – that's a major contributor to mixing of particles. 13 mixing of particles. 14 Q. Okay. Now let's talk about that for a second. Okay? You agree with me that in a unidirectional OR such as what's used mostly in – in – in orthopedic surgeries, that the purpose of having diffusers above the surgical table is to offer a protective effect to help prevent bacteria from getting into the critical site, the surgical site; correct? 12 Q. Okay. And you don't want to have a device in the operating room; correct? 23 Q. Okay. And you don't want to have a device effect of the ventilation system in an operating room; correct? 24 in the operating room; correct? 25 A. You would not want that, yes. 26 Q. Okay. Because if you reduce the protective effect of the ventilation system, then you increase the risks of bacteria entering into the surgical site from other sources in the operating room; correct? 26 MR. GOSS: Object to form, beyond the scope of his opinions. 27 A. That – that could be possibly correct. 28 MR. GOSS: Object to form, beyond the scope of his opinions in the Orthopadic surgeries, that the purpose of land in the operating room; correct? 3 Q. Okay. Because if you reduce the protective effect of the ventilation system, then you increase the risk of bacteria entering into the surgical site from other sources in the operating room; correct? 4 M. GOSS: Object to form, beyond the scope of his opinions, and it is an incomplete hypothetical. 4 A. Say that again. 5 MR. GOSS: Okay. Have you done any experimental work Page 347 Page 347 Page 347 Page 348 Page 349 Page 349 Page 349 Page 349 Page 349 A. I have not. That's strictly based on the purpose of the ventilation system, then you increase the risk of bacteria entering into the surgical site from other sources in the operating room; correct? MR. GOSS: Object to form, beyond the scope of his opinions, incomplete hypothetical. A. A That – that could be p				
11 A. I go back to the lack of motion of anything 12 in the OR. That's – that's a major contributor to 13 mixing of particles. 14 Q. Okay. Now let's talk about that for a 15 second. Okay? You agree with me that in a 16 unidirectional OR such as what's used mostly in – 16 in orthopedic surgeries, that the purpose of 18 having diffusers above the surgical table is to offer 19 a protective effect to help prevent bacteria from 19 getting into the critical site, the surgical site; 21 correct? 22 A. That – that's the idea, yes. 23 Q. Okay. And you don't want to have a device 24 in the operating room that's going to reduce the 25 protective effect of the ventilation system in an Page 347 Page 347 Page 347 Page 347 Page 347 A. I think that disruption of the flow would be much more than a small change in temperature. MR. ASSAAD: Okay. That's all I have. Thank you. MR. GOSS: Ib'see na long day. I just have one question. Well, one – one theme. RE-REDIRECT EXAMINATION BY MR. GOSS: Q. Oso ou – Counsel asked you whether a HEPA filter. Would capture more bacteria than a MERV 14 filter. Do you – do you recall that? A. That – that's the idea, yes. Q. Okay. Because if you reduce the protective effect of the ventilation system, then you increase the risks of bacteria entering into the surgical site from other sources in the operating room; correct? MR. GOSS: Objection to form, it's beyond the scope of his opinions, and it is an incomplete hypothetical. A. Say that again. A. That – that could be possibly correct. Q. Well you have unidirectional flow coming down, correct? A. Fraction the correct offer the ventilation system, then you increase the risk of sources in the operating room; correct? MR. GOSS: Object to form, beyond the scope of his opinions, incomplete hypothetical. A. That – that could be possibly correct. Q. Well you have unidirectional flow coming down, correct? A. I think that disruption of the flow will have. MR. ASSAAD: Okay. That's all I have. Thank you. MR. GOSS: Object to form, beyond the			9	
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mixing of particles. Q. Okay. Now let's talk about that for a second. Okay? You agree with me that in a unidirectional OR such as what's used mostly in — in — in orthopedic surgeries, that the purpose of having diffusers above the surgical table is to offer a protective effect to help prevent bacteria from getting into the critical site, the surgical site; correct? A. That — that's the idea, yes. Q. Okay. And you don't want to have a device in the operating room that's going to reduce the protective effect of the ventilation system in an operating room; correct? A. You would not want that, yes. Q. Okay. Because if you reduce the protective effect of the ventilation system, then you increase the risk of bacteria entering into the surgical site from other sources in the operating room; correct? MR. GOSS: Ubjection to form, it's beyond the scope of his opinions, and it is an incomplete hypothetical. A. Say that again. Q. If you reduce the protective effect in the ventilation system, then you increase the risk of bacteria entering into the surgical site from other sources in the operating room; correct? MR. GOSS: Will you have unidirectional flow coming day. I just have, MR. GOSS: It's been a long day. I just have one question. Well, one — one theme. MR. GOSS: (V. So you — Counsel asked you whether a HEPA filter. Do you — do you recall that? Your - do you recall that? A. Yes. Q. Okay. Have you done any experimental work Page 347 Page 347 Page 349 A. I have not. That's strictly based on the published efficiency value versus the particle size of HEPA filters and MERV 14 filters. MR. GOSS: And I'll leave it at that. MR. ASSAAD: That's all I have. A. That — that could be possibly correct. MR. GOSS: Object to form, beyond the scope of his opinions, incomplete hypothetical. A. That — that could be possibly correct. A. Except the wake regions under the surgeon's arms and tools and tools and other things are blocking the airline. A. Except				
14 MR. ASSAAD: Okay. That's all I have.				
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CASE 0:15-md-02666-JNE-DTS Doc. 920-2 Filed 10/03/17 Page 90 of 90

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	CERTIFICATE I, Richard G. Stirewalt, hereby certify that I am qualified as a verbatim shorthand reporter, that I took in stenographic shorthand the deposition of THOMAS H. KUEHN at the time and place aforesaid, and that the foregoing transcript is a true and correct, full and complete transcription of said shorthand notes, to the best of my ability. Dated at Minneapolis, Minnesota, this 16th day of July, 2017. RICHARD G. STIREWALT Registered Professional Reporter Notary Public	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Page 351 CERTIFICATE I, THOMAS H. KUEHN, hereby certify that I have carefully read the foregoing transcript, and that the same is a true and complete, full and correct transcription of my deposition, except: PAGE/LINE CHANGE REASON	
16 17 18 19 20 21 22 23 24 25	THOMAS H. KUEHN Deponent Signed and sworn to before me this day of August, 2017. Notary Public	